The HEALTH *of* MIDDLESEX

1952

The Annual Report

of the

County Medical Officer of Health,

Administrative County of Middlesex

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PREFACE

To the Chairman, Aldermen and Members of the County Council of Middlesex.

Sir, Ladies and Gentlemen,

I have the honour to present my annual report on the health of the people of Middlesex during the year 1952. At the close of this period nearly four and a half years had elapsed since the date when the National Health Service Act came into force and by direction of the Minister of Health a large part of this report consists of a detailed review of those aspects of the operation of the Act during this period which have concerned the County Council of Middlesex in its capacity of local health authority.

With a vision in one's mind of what might be, it is easy to be hypercritical and overstress the undeniable basic weaknesses of the Act, which have been only partially ameliorated by subsequent amending legislation. Nevertheless, the uninterrupted and indeed accelerated progress towards an ever higher level of general public health bears eloquent witness of much solid achievement. Criticism needs to be directed not against failure to achieve the objectives of the Act, but against the cumbersome and sluggish operation of the only machinery available to attain them. It is certain that a very great deal of avoidable human suffering is attributable to lack of effective co-ordination between the several branches of the health service. Patients who should be in hospital die in their homes because hospital beds are blocked by other patients who cannot be discharged because there are no adequate means for their care after discharge and both the domiciliary and hospital services are compelled to function with diminished efficiency in consequence.

The problem is not one for policy-making committees of co-ordination. The requirements of the situation are clear enough and universally recognised. What is urgently needed is co-ordination at officer level by officers equipped with wide powers of united action. But such powers are not available under the National Health Service Act with its vastly differing systems of administration of hospital, local health authority, and executive council services.

Nevertheless, despite the handicaps under which the battle against disease has been waged, it is fair to state that the general level of the public health of the county was probably higher in 1952 than ever before. Another big fall in infant mortality took place, the figure of 20·9 deaths per 1,000 live births constituting yet another low record. Of maternal mortality I said in my preface last year that at 0·55 per 1,000 total births it was by far the lowest ever recorded in the county. Yet this figure was equalled in 1952, thus giving good grounds for hope that this notable reduction may be of a permanent character and not attributable merely to the fluctuations which are liable to occur when the total number of cases has fallen to a very low level.

With regard to infectious diseases, although there was one death attributable to diphtheria, only two cases altogether were notified.

The decline in deaths from respiratory tuberculosis which was noted last year, was accelerated almost dramatically in 1952. The deaths notified numbered only 386, as against 528 in the previous year.

On the debit side there was a considerable increase in the incidence of acute poliomyelitis, the numbers both of cases and deaths approximating to those reported in 1950.

It is unfortunately the case that the successes achieved in the campaign against infectious diseases have not yet been matched in the case of those diseases of degenerative nature which affect particularly the second half of life. While tuberculosis of the lungs, mainly a disease of early life and probably the most stubborn of the common infectious diseases in its resistance both to treatment and control, now appears likely to show an increasingly rapid decline in incidence, another deadly enemy has advanced stealthily but steadily into the citadel. Cancer of the lungs now far surpasses respiratory tuberculosis, once named " the white scourge," as a cause of death. During 1952, 907 persons died of this affliction compared with 386 who were the victims of respiratory tuberculosis. Moreover, 556 patients were under the age of 65, and so should have had on the average a considerable number of years of working life before them.

The primary cause of cancer of the lungs as also cancer in other sites, is still untraced, but there is accumulating evidence that excessive smoking, especially of cigarettes, is at least an important predisposing cause which may also be seriously aggravated by the polluted and smoky atmosphere of our great towns.

Mention was made in the previous report of the opening towards the end of 1951 of the County Council's first hostel for homeless tuberculous cases so that 1952 was the first complete year of its operation. It has been found to meet a very real need, but before its success was assured many extreme difficulties, especially of staffing, had to be tackled. That they were so effectively surmounted reflects the greatest credit upon Dr. Macgregor, the principal medical officer responsible for the administration of the tuberculosis service and Mr. Large, the warden of the hostel.

I greatly regret the delay in the appearance of this report. It was hoped that it would have been ready for distribution by the autumn of 1953, but this was unavoidably prevented on account of two main factors. In the first place since this is in the nature of a survey report, it has been nccessary to go into greater detail than normal in the course of its preparation. The second and morc important reason is that until an appointment was made in 1953 the post of principal medical officer responsible for the mental health services, rendered vacant by the resignation of Dr. Beasley in July, 1951, had remained unfilled. This threw a particularly heavy burden upon my deputy, Dr. Wigley, who has also been chiefly responsible for the initial compilation of this report. I am greatly indebted to him and to my chief clerk, Mr. Mihill, that the delay has been no greater.

The long interval between the resignation of Dr. Beasley and the appointment of a successor was due to the lack of applications from candidates of the requisite calibre in spite of frequent advertisements. This experience was by no means unique, but on the contrary quite typical of the conditions prevailing in the public health service to-day. Not only senior but junior medical posts attract applications only from candidates, who with but few exceptions are much inferior to those who sought employment before the passing of the National Health Service Act. Not only are the financial prospects in other branches of the medical profession vastly more attractive but the additional training which a student must undergo in order to obtain the qualifications in public health which are essential to his advancement, must be obtained at his own expense, at the conclusion of his already long and expensive general medical training. The young doctor who wishes to take up one of the other specialties, however—for the field of public health is most certainly a specialty—has the way made easy for him because a number of senior house appointments and registrarships in which hc can obtain the necessary experience of his chosen specialty, are open to him. It would be of immeasurable benefit not only to individuals but to the whole community if some form of financial assistance were available to young doctors of ability, who wished to make the public health service their career.

It gives me great pleasure to record once more the keenness and enthusiasm displayed throughout the year by thc members of the County health staff whether working in the central office or in the areas. The efforts of us all have been greatly encouraged by the support we have always been able to rely upon both from the Chairman and members of the Health Committee and also from the individuals serving upon its local sub-committees, the area committees.

I have the honour to be,
Your obedient servant,

A. C. T. PERKINS,
County Medical Officer.

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SUMMARY OF VITAL STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY OF MIDDLESEX

Area (including inland water)			148,684 acres.
Population 1952			2,270,000
Number of structurally separate dwellings occupied, 1951 (provisional census)			588,800
Number of private households 1952 (provisional census)			701,700
Rateable value			£22,784,283
Product of a penny rate, financial year			£93,286
Live births—	Males.	Females.	Total.
Legitimate	14,828	14,152	28,980
Illegitimate	728	710	1,438
Birth-rate per 1,000 home population			13·4 (England and Wales, 15·3)
Stillbirths			619
Stillbirth rate per 1,000 total births			19·9
Deaths			22,479
Death-rate per 1,000 home population			9·9 (England and Wales, 11·3)
Number of women dying from diseases and accidents of pregnancy and childbirth (includes deaths from abortions):—			
From sepsis			8
From other causes			9
Maternal mortality rate per 1,000 total births			0·55 (England and Wales, 0·72)
Infantile mortality rate per 1,000 live births:—			
Legitimate			20·3
Illegitimate			33·4
Total			20·9 (England and Wales, 27·6)
Deaths from cancer (all ages)			4,342
Deaths from measles (all ages)			2
Deaths from whooping cough (all ages)			5

Administrative County of Middlesex.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1952.

VITAL STATISTICS

Area.—The County of Middlesex eovers approximately 232 square miles. It is comprised of 26 loeal authorities, none of whieh is a County Borough although 20 of them are listed by the Registrar General in his tables as "Great Towns."

The greater part of the County is a suburban connurbation though there is a rural outer fringe where the boundaries march with Buekinghamshire and Hertfordshire.

Population.—The Registrar General's estimate of population was 2,270,000, an inerease of about 2,000 only over the previous year's figure. It is to be hoped that this slowing in the rate of growth of the County's population will be eontinued and indeed that there will eventually be some diminution. The Greater London plan of 1944 envisages a population of two millions only and anything mueh above this figure is to be viewed with eoneern on health if on no other grounds.

Table 1 in the Appendix shows the populations of the eonstituent loeal authorities and indieates their growth over the past 30 years; some districts have shown little ehange in population; others have expanded dramatieally, inevitably outstripping the provision of hospital and other faeilities.

Births.—The birth rate at 13·4 per 1,000 home population remains the same as in 1951 and the deeline from the high immediate post-war figure may have been cheeked. The Middlesex rate is generally somewhat lower than the rate for England and Wales as a whole and 1952 proved to be no exeeption to this rule, the national figure being 15·3. Table 2 in the Appendix shows the loeal trends in the birth rate contrasted with the national experience over the past few years.

Birth rates by administrative areas and by sanitary distriets are set out in Tables 3 and 4.

Deaths.—The death rate for the County in 1952 was 9·9 as eompared with 10·6 and 9·7 for 1951 and 1950 respeetively. The corresponding general (England and Wales) rate was 11·3 and it is the normal experienee that the Middlesex rate is appreciably below the national figure.

The fall in the County rate as eompared with that of the previous year is partly due to the absenee of any severe general outbreak of influenza.

Of all deaths 65 per eent. were in persons of 65 years or over and 39 per eent were at least 75 years of age: 2·8 per eent. were in infants, but only 2 per cent. were in persons between 1 and 25 years,

Deaths from heart diseases and other diseases of the eireulatory system aecounted, as is general. for about half the deaths.

Caneer aecounted for almost 20 per eent. of all deaths and a substantial proportion of these deaths oeeurred before the age of 65 years; for example—of 464 deaths ascribed to eaneer of the breast, 228 were in women between 45 and 65 years and of 907 deaths aseribed to eaneer of the lung no less than 511 were in the 45 to 65 years age group.

These high figures for deaths from cancer in younger people are partieularly disturbing beeause they oeeur in people who might have been expeeted to give many years of valuable service before the close of their working life. In this conneetion it is proper to mention the elose assoeiation between heavy smoking and caneer of the lung whieh has been reported by research workers of the first distinetion both here and in the U.S.A. They would be the first to agree that further research is neeessary. In the meantime there is a duty to point out to heavy smokers—partieularly of eigarettes—that they may well be running an unneeessary risk to life.

Deaths aseribed to respiratory tubereulosis fell to 386 as against 528 in 1951, and indeed the fall in the death rate from this disease has been dramatie in the last deeade. The powerful new agents available for treatment have broken the ranks of this formidable old enemy and now is the time to exploit to the full those methods of control whieh hand in hand with the new drugs ean and must lead to the elimination of this disease.

Table 5 on page 41 sets out the causes of death at different periods of life.

Infantile Mortality.—During 1952, there were 635 deaths of infants (under 1 year of age); this is 84 fewer than in the previous year and the infantile mortality rate of 20·9 per 1,000 live births was the lowest ever experieneed in the County. The eomparable rate for England and Wales was 28.

Half a century ago the Middlesex infantile mortality rate was 125 and it is a mark of the steady improvement of hygiene and knowledge of mothereraft that the rate has deelined eontinuously over that period.

Table 6 on page 42 sets out the mortality trends in infants over the last few years in the County. The rates for administrative areas and for sanitary distriets are to be found in Tables 3 and 4.

Stillbirths.—The stillbirth rate per 1,000 total births was 19·9 in 1952 as compared with 21·3 the previous year: a favourable trend that might be expeeted in a year in whieh the infantile mortality rate has also fallen.

Maternal Mortality.—There were 17 deaths in women ascribed to diseases and accidents of pregnancy and childbirth, including deaths from abortion. The maternal mortality rate for the year at 0·55 per 1,000 total births is unchanged from the previous year. The corresponding rate for England and Wales was 0·72.

Sickness Incidence.—Through the courtesy of the Chief Medical Officer of the Ministry of National Insurance, the numbers of persons to whom medical certificates are issued in connection with sickness benefit claims is made available to the County Health Department and they do furnish some information as to the general health of the population during the year: they are particularly useful in gauging the onset and progress of seasonal infections of epidemic proportions.

The number of first applications (to the nearest thousand) for sickness benefit was 108,000 in the first quarter of the year as against 154,000 in 1951, when there was a severe epidemic of influenza. The second and third quarters were unremarkable at 70,000 and 54,000 respectively, but the fourth quarter, in which there were severe fogs, rose to 95,000 as against 80,000 in 1951.

INFECTIOUS DISEASES

Diphtheria.—There were two cases of diphtheria notified during the year one of which was unhappily fatal.

Table 12 on page 46 records the remarkable decline in this terrible disease over the past decade or so.

Further comment on diphtheria will be found under the heading " Immunisation."

Poliomyelitis.—During the year there were confirmed notifications of 210 cases of poliomyelitis with 18 deaths. The epidemiological picture of this disease is so changeable that it is difficult to say how many cases might be expected in an average year. There were twice as many cases as in 1951, but fewer than in the two years previous to that.

As is usual prevalence was highest in the third quarter of the year. Children over 1 year but under 15 years of age were the chief sufferers, but a quarter of the cases were in persons over 25 years old and over half the deaths were in adults.

Table 10 on page 45 sets out the seasonal and age incidence of the disease.

Measles.—There were 18,840 cases of measles notified during the year as against 30,291 in 1951 which was an epidemic year. There were only two deaths (seven in 1951).

Pneumonia.—There were 1,423 cases of acute pneumonia notified as against 2,044 in the previous year. The influenza outbreak in 1951 probably accounts for the higher notifications in that year.

Dysentery.—There were 957 cases of dysentery notified during the year; over one third of these were from Enfield and Edmonton. The previous year's notifications were 2,806, but this was a year of very high prevalence over the whole country. The average number of notifications over the five years prior to 1951 was 238. It is disturbing to see so wide a prevalence of a disease which is essentially capable of yielding to hygiene measures.

Whooping Cough.—There were 3,360 cases of whooping cough notified in the year or about half the number notified the year before. There were only five deaths as compared with 15 in 1951. The mortality rate from whooping cough has been much reduced in recent years but the incidence fluctuates greatly from year to year.

Puerperal Pyrexia.—The notifications of puerperal pyrexia were 740 in 1952 compared with 560 in 1951 and 258 in 1950. The sharp rise is almost certainly artificial and is due to the redefining of the term puerperal pyrexia in Regulations which became operative in August, 1951.

Table 9 on page 44 sets out the corrected notifications of infectious diseases during the year under local sanitary authorities.

VACCINATION

The total number of reported vaccinations in Middlesex fell to 21,739 in 1952 as against 27,727 in the previous year. The number of children under five years vaccinated was 12,706, a fall of 711 compared with 1951. This is the first year in which a fall has been recorded in this age group since records were received in 1948.

The number of infant vaccinations is dangerously low for smallpox is always a potential threat.

The County Council amended its proposals under Section 26 of the National Health Service Act during the year so as to permit of vaccination of children by the Council's medical staff direct as well as through the general medical service. It is hoped that this policy will soon reflect itself in a more satisfactory state of affairs.

VENEREAL DISEASES

During 1952, the number of Middlesex patients attending, for the first time, clinics in London or Middlesex was 30 less than in 1951.

The figures give no grounds for complacency. Although there has been a fall in the number of cases of syphilis attending, this is more than offset by a still larger rise in the number of cases of

gonorrhoea. The bulk of the overall fall in attendances is shown in the numbers suffering from other conditions, many of which turn out, on investigation, to be non-venereal in origin.

Moreover, on account of the ease and efficiency with which a large proportion of venereal cases can be treated by the use of anti-biotics, there is good reason to believe that the treatment of increasingly large numbers of persons is being undertaken by general practitioners. Unfortunately since venereal disease is not compulsorily notifiable, no information as to the numbers so treated is available.

HEALTH CONTROL OF AIRPORTS

The Public Health (Aircraft) Regulations, 1952, were introduced during the year and came into effect on the 1st October, since which date the personal health declaration forms are no longer made out. Whilst the non-completion of these forms is easier for travellers, to a certain extent it weakens the control of infectious diseases at airports because the addresses to which arriving passengers are proceeding are no longer available and if it becomes necessary, as it did during the year, to locate quickly passengers who had passed through Health Control, the only means of doing so are through the B.B.C. and the national press, neither of which provides complete certainty of reaching them.

On the 8th January, 1952, the Parrots (Prohibition of Import) Regulations, 1930, were revoked. The effect of this is that these birds are no longer quarantinable.

During the year additional duties were taken over on behalf of the Ministry of Civil Aviation and towards the end of the year an additional medical officer was appointed in anticipation of the extra work which would accrue from the medical examination of air-crews for flying licences. Other new services include the responsibility for advising the Airport Commandant of all matters of a medical nature in connection with the running of the Airport; making suitable arrangements for dealing with casualties, resulting from crashes, &c., including the provision of first aid treatment, industrial medical service for airport staff of the Ministry and the general supervision of hygiene and sanitation at the airports. These additional duties also necessitated the employment of four nurses.

At London Airport a new medical examination centre and sick bay has been provided; it is well equipped for the care of sick passengers and civil staff and medical examination in connection with flying licences.

The number of aircraft requiring disinsectisation increased by 363 to a total of 2,801 an average of nearly eight a day. During the year 463 ambulance cases were dealt with at London Airport and 165 at Northolt Airport which is a slight increase over the previous year's figures.

We are much indebted to the medical staffs of the Hillingdon and West Middlesex Hospitals for the willing help they always give in dealing with sick arrivals.

Smallpox continues to be endemic in certain parts abroad and the importation by plane of ships crews from these areas makes careful inspection and checking of their vaccination certificates essential measures. However, during the year no particular difficulties were encountered in the control of this disease.

A case of smallpox was reported on 19th February at the Airport Hotel, Kano, Nigeria, and all arriving crews and passengers who had passed through Kano were therefore placed under surveillance.

A case of smallpox from Brazzaville was reported to have been disembarked on the 3rd March from a plane at Nice. Four contacts en route to England via Paris were contacted by the Ministry of Health, and the necessary precautions taken. As an outbreak of smallpox had been reported at Marseilles passengers arriving from Nice were questioned as to their having passed through that area recently. A passenger who arrived by the Nice plane and who had been four days in Marseilles, was advised to have himself vaccinated. The medical officer of health for the area to which he proceeded was informed accordingly.

A child arrived at London Airport from Karachi suffering from chicken pox and as a result 25 per cent. of the other passengers not protected by a previous attack of chicken pox developed the disease.

In May a child developed typhoid fever some days after arrival at London Airport. The passengers and crew of the plane on which he travelled were kept under surveillance.

On the 5th November, information was received from B.O.A.C. that they had received a signal from Kano to the effect that a passenger who arrived at London Airport from Kano on the 31st October, had been bitten by a dog which was subsequently found to be suffering from rabies. An S.O.S. had to be broadcast by the B.B.C. as addresses are not now available. The passenger was eventually located and advised.

SURVEY OF LOCAL HEALTH SERVICES

In Circular 29/52, from the Ministry of Health, it was pointed out that some years' experience is now available of the working of the local health services as part of the National Health Service and the Minister felt it would be advantageous to central and local administrations alike if a special survey were made for the medical officers annual report for the year 1952, which would include not only an account of these services as existing at the end of that year, but also a general review of their working as part of the wider National Health Service, and particulars of the nature and results of the steps taken locally to link them up with the other parts of the National Service.

General.

Before going into detail on the work done under Part III of the National Health Service Act concerned with the local health services it would be well to take a broad survey of the situation as a whole.

When, prior to the 5th July, 1948, the detailed working of the scheme was receiving attention it was considered by many of those most intimately concerned with the work that a period of five years must needs elapse before an integrated and smoothly working organisation could be perfected. This five years is now nearly over and it cannot with honesty be said that in Middlesex we have as yet such a completely integrated machine. Much has been accomplished and there is goodwill between those concerned, but the changes in the whole structure of the health services brought about by the passing of this Act were too fundamental for reconstruction to be a speedy process.

Administration.

Certain of the services provided under Part III of the National Health Service Act are administered locally and the remainder centrally. For the purpose of those services administered locally the County is divided into 10 areas, the boundaries of which coincide with those of one or more local authorities in the County.

Officers.—Subject to the general direction of the County Medical Officer each health area is under the control of an area medical officer (or joint area medical officers), who has a deputy and senior assistant medical officer, an area dental officer, a non-medical supervisor of midwives and superintendent of home nurses (joint appointment), a superintendent health visitor and a home help organiser to assist him in the organisation and supervision of the staff employed in the various local health services.

The meetings of the Medical Advisory Committee (see page 7) which are held at approximately monthly intervals, act as one very useful method of direct personal contact between the County Medical Officer and the area medical officers and discussion takes place on medical aspects of the County Council's services. Similarly, regular meetings of area chief clerks with the senior administrative officer of the department enables co-ordination, &c., to be arranged of administrative procedure.

Periodical meetings of the area supervisory staffs are held at which the appropriate member of the head office staff dealing with the particular branch of the work concerned, attends, *e.g.*, the principal medical officer in charge of local health services, the Chief Dental Officer, &c.

Committee Organisation.—The order of reference of, and the directions to the Health Committee as detailed in the County Council Standing Orders are as follows:—

Order of Reference

" The Committee shall have charge of the following matters: The functions of the Council as Local Health Authority under the National Health Service Act, 1946, the Nurseries and Child Minders Regulation Act, 1948, and any other Statute.

The functions of the Council under any other Statutes relating to the public health or to mental health.

The functions of the Council as Supervising Authority under the Midwives Acts.

Matters relating to the control of staff employed in the School Health Service and to the arrangements for the provision of any medical treatment which it is the duty of the Council as Local Education Authority to provide exclusive of treatment in Residential Special Schools and treatment in Child Guidance Clinics not being specialist treatment.

Matters relating to the establishment of clinics in connection with the School Health Service.

The direction of the County Medical Officer of Health, of the Chief Dental Officer and of the staff of the County Health Department whether employed at the Central Offices or elsewhere in connection with the function of the Committee.

The supervision of premises used solely for the foregoing functions or for such functions in conjunction with those devolving upon the Council as Local Education Authority exclusive of (*a*) premises within the curtilage of property controlled by the Council as Local Education Authority and (*b*) Child Guidance Clinics which are not within the curtilage of any such property, but are in separate buildings.

Directions

The functions of the Council under the said Act of 1946, shall be discharged in accordance with the proposals of the Council as approved by the Minister of Health.

For the purposes of securing that the day-to-day administration of such of the functions of the Council as Local Health Authority including the control of the staff in the Local School Health Service is administered locally:—

The Committee shall appoint Local Sub-Committees (to be known as 'Local Area Committees ") as in manner indicated below and shall delegate to each of such Sub-Committees the functions specified below and it shall be the duty of the Committee to see that the work of the Sub-Committees is properly co-ordinated.

The Committee shall also appoint:—

(i) a Mental Health Sub-Committee to which shall be referred such of the functions of the Committee as relate exclusively to the Mental Health Services provided by the Council

(other than such matters as may in the opinion of the Committee be more conveniently referred to the Local Area Committees or any other Sub-Committee having regard to the relation of such matters to the other County Health Services provided by the Council) and the functions of the Council under the Statutes relating to mental health;

(ii) A General Sub-Committee to which shall be referred the functions of the Committee not referred to the Local Area Committees or to the Mental Health or Staff Sub-Committees and this Sub-Committee shall have the duty of co-ordinating proposals and recommendations of the Local Area Committees and the Mental Health Sub-Committee which involve questions of finance, planning or policy.

At least two-thirds of the members of each Sub-Committee shall be Members of the Council."

APPOINTMENT AND FUNCTIONS OF LOCAL AREA COMMITTEES

The 10 local area committees shall be constituted as follows:—

Designation of Local Area Committees.	Names of County Districts in Area and numbers of members thereof nominated by the County District Council.	Members of the County Council, of whom, in each case, at least one, and where practicable two, shall be members of the Health Committee.	Members not being members of the County Council or of any County District Council and nominated as under.
No. 1	Enfield 5*	—	On each Local Area Committee:—
	Edmonton 5*	5	
No. 2	Potters Bar ... ... 2†	—	Two representatives of appropriate Hospital Management Committee.
	Friern Barnet ... ... 2†	—	
	Southgate 4*	—	
	Wood Green ... ... 3‡	6	
No. 3	Hornsey 5*	—	One having knowledge and experience of Home Nursing.
	Tottenham 6*	6	
No. 4	Finchley 4*	—	
	Hendon 7*	6	One by the College of Midwives.
No. 5	Harrow 8*	4	
No. 6	Wembley 6*	—	One by the Middlesex Local Medical Committee.
	Willesden 7*	7	
No. 7	Ealing 7*	—	
	Acton 4*	6	One by the Middlesex Local Dental Committee.
No. 8	Ruislip-Northwood ... ... 4‡	—	
	Uxbridge ... ... 3‡	—	
	Hayes and Harlington ... 4*	—	One by the Middlesex Local Pharmaceutical Committee.
	Yiewsley and West Drayton 2‡	7	
No. 9	Southall ... ... 3‡	—	
	Brentford and Chiswick ... 3*	—	
	Heston and Isleworth ... 5*	6	
No. 10 ...	Staines ... ... 3‡	—	
	Feltham ... ... 3‡	—	
	Twickenham 5*	—	
	Sunbury-on-Thames ... 2‡	7	

* At least one of such members shall be a member of the Committee for Education appointed by the County District Council under the Scheme of Divisional Administration.

† At least one of such members shall be a person nominated by the District Council to serve on the District Education Sub-Committee.

‡ At least one of such members shall be a representative of the District Council on the Divisional Executive.

The Health Committee has referred to each Local Area Committee certain of its functions as follows:—

1. The right to make recommendations to the Health Committee on any matter affecting the local health service in regard to which the Area Committee is not empowered by its delegation to take action.

2. The co-ordination of its delegated health functions with the local school health service including the carrying out of arrangements made by the Council for the provision of medical and dental treatment required for the purposes of the school health service.

(*a*) The Committee shall delegate to each Area Committee the powers and duties hereinafter in this part set out (subject to the conditions on which such powers and duties were delegated to

the Committee by the Council and to the special directions following) in connection with the following services provided by the Council under the Act of 1946:—

(i) Care of mothers and young children.
(ii) Midwifery.
(iii) Health visiting.
(iv) Home nursing.
(v) Vaccination and immunisation.
(vi) Domestic help.
(vii) In connection with prevention of illness, care and after-care, such functions relating to health visiting (other than T.B. cases), home nursing or domestic help as may be necessary, and such other matters as the Committee may, with the approval of the Council, from time to time determine.
(viii) In relation to health centres such functions as to the care and maintenance of premises (not being premises situate within the curtilage of a County school or used as child guidance clinics) as the Committee may, with the approval of the Council, determine.

Provided always that questions of policy or planning which have not already been decided by the Council or by the Committee or matters relating to (i) residential accommodation, (ii) training, or (iii) the provision of any such services (save in so far as the Council may otherwise direct) to any residential establishment maintained by the Council or by any government department, public or local authority or voluntary organisation, shall not be included in the delegation.

The powers and duties above referred to are those in paragraphs (*b*) to (*q*) following:—

(*b*) Authority to deal with matters of current administration incidental to the supervision and maintenance of the services aforesaid and in particular the matters set out in the following paragraphs.

(*c*) Authority to appoint, within the establishment and grading fixed from time to time by the Council, after consideration of any recommendation of the Local Area Committee, and in so far as any establishment may not have been fixed the power to fill in the same grade any vacancy caused by an established employee leaving the Council's service (in the absence of any direction that a vacancy is not to be filled), members of the staff of the County Health Department whose duties will involve substantially full-time employment in the area, with the exception of:—

(i) The Council's Area Medical Officer.
(ii) Specialists. (Other than *locum tenentes*).

Provided that in the case of (*a*) the Deputy Area Medical Officer, (*b*) the Area Dental Officer, (*c*) the Area Superintendent Nursing Officer and (*d*) the Senior Assistant Medical Officer the appointment shall be made by the Local Area Committee from a short list previously approved by the Committee.

(*d*) Authority to suspend and, subject to any right of appeal, to dismiss any employee not holding a post specifically excluded from the power to appoint so given to Area Committees, provided that this delegation shall not preclude the Council from suspending or dismissing any employee on its own initiative.

(*e*) The inspection of premises in the area solely or mainly used for the purposes of the functions comprised in the Order of Reference and the upkeep and maintenance of the furniture and equipment in the area similarly used including authority to appoint manual and domestic staff solely engaged for the cleaning of such premises or as caretakers thereof within any establishment fixed by the Council and in the approved grade, notwithstanding that such persons may not be on the staff of the County Health Department, and in so far as any establishment may not have been fixed, the power to fill in the same grade any vacancy caused by an established employee leaving the Council's service (in the absence of any direction that a vacancy is not to be filled), together with the power to suspend and dismiss any such employees and subject to any right of appeal and to the right of the Council to direct the suspension or dismissal. (The maintenance, upkeep and repair of all such premises and of the gardens and grounds adjacent or attached thereto are, however, in the charge of the Estates and Housing Committee to which Committee recommendations may be made by the Area Committee on such matters.)

(*f*) The approval of requisitions on the Supplies Department for the supply of goods and materials and authority to enter into contracts for the same, in so far as they are not within the purview of the Supplies Department. Small urgent requirements may be matters of local purchase.

(*g*) The approval of contracts for the maintenance of such furniture and equipment as are referred to in (*e*) with authority to give directions to the Chief Supplies Officer for such purpose.

(*h*) The determination of appeals made by the persons liable to make payments to the Council in respect of services and articles provided under the functions administered by the Area Committee.

(*i*) Authority to direct the institution by the Clerk of proceedings:—

(i) for the recovery of sums due from any such persons so liable as aforesaid;
(ii) in a County Court or Court of Summary Jurisdiction for any other purpose arising out of such functions and to authorise the Clerk to defend any proceedings instituted against the Council or its employees in any such Court in connection therewith.

(*j*) The exercise of any discretionary powers given to the Committee in relation to the grant of sick pay or of special leave to any employee whom an Area Committee has power to appoint.

(*k*) Matters arising under Section 203 of the Public Health Act, 1936, in relation to notification of births.

(*l*) The powers of the Council as Local Supervising Authority for the purposes of the Midwives Acts in relation to the supervision of midwives practising within the area (except the power to report midwives to the Central Midwives Board), including the payment of compensation to any midwife who has been suspended in order to prevent the spread of infection.

(*m*) Authority to arrange for instruction, lectures and the display of pictures or cinematograph films on questions relating to health or disease.

(*n*) Authority to take advantage of the facilities offered by any voluntary organisation which has been approved by the Committee and of voluntary assistance from individuals (subject to any direction from the Committee).

(*o*) Authority to determine the approved duties of members.

(*p*) The nomination of a member to serve on the Committee.

(*q*) Authority to prepare the annual estimates of expenditure on the delegated functions for consideration by the Committee.

The functions of the Committee under the Nurseries and Child Minders Regulation Act, 1948, subject to the following:—

(i) The general standard requirements are to be prescribed by the Council.

(ii) Premises and persons are not to be registered, except on the recommendation of the Area Medical Officer on appropriate conditions and in the case of premises subject to any report as to any adaptations which the Area Medical Officer or the County Architect may consider necessary to render the premises suitable for the purpose; provided that in the event of an Area Committee not accepting any recommendations in the report of such officers the matter shall be referred to the Committee for decision.

(iii) Steps are to be taken by Area Committees to secure liaison with the local County Children's Officer.

The Health Committee may with the previous approval of the Council delegate any other of their functions to Area Committees.

A Medical Advisory Committee has been appointed consisting of all area medical officers and this Committee has power to report direct to the Health Committee on medical aspects of the local health services.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

The constitution of regional hospital boards provides that the members shall include persons appointed after consultation with the local health authorities in the boards' areas whilst the constitution of an executive council provides that eight members shall be appointed by the local health authority for the area of the executive council. The County Council in considering its representatives decided to nominate members of the County Council only and not officers. The County Council also decided that members of regional hospital boards, hospital management committees and the Middlesex Executive Council should be appointed to County Council committees and in accordance with this decision the Health Committee has one representative nominated by the North East Metropolitan Regional Hospital Board, one by the North West Metropolitan Regional Hospital Board and four by the Middlesex Executive Council (*viz.*, one doctor, one dentist, one pharmacist and one lay member) and the Area Health Committees include two representatives of appropriate Hospital Management Committees, one of the Local Medical Committee, one of the Local Dental Committee and one of the Local Pharmaceutical Committee. The County Council has, however, decided that, in future, the professional representation at area committee level shall be in an advisory capacity only. It will be seen from this brief outline that there is close contact between the three branches of the National Health Service at member level.

The lack of close contact at officer level has been felt and in 1951 an experiment was initiated to secure closer co-ordination between the branches of the service. This was the setting up of a Health Services Liaison Committee consisting of medical representatives of all branches of the health service. This committee deals with the area of the Boroughs of Acton and Willesden which is approximately the catchment area of the Central Middlesex Group of Hospitals. Full details of this experiment were set out in my annual report for 1951, pp. 19–20 and here it is only necessary to add that the experiment seems to meet a need and serve a very useful purpose and that consideration is being given to the desirability of establishing similar machinery in other parts of the County. However, this can only be done with the co-operation of all branches of the health service.

Probably Middlesex is in a better position than some counties for co-operation with the hospital service by reason of the fact that the County Council's hospital service prior to 1948 had not only been developed to a high standard but as part of the whole County Council's health services with connecting links to the maternity and child welfare and school health services. During that time

a Middlesex County Medical Society was formed which included not only hospital but also clinic staff and this society continues with similar membership and though its purpose is mainly clinical it does allow the members of the two branches of the service to meet and get to know each other. This close and friendly relationship also existed between the almoners of the hospital and the clinic staff and is still maintained.

An interesting experiment in connection with the Kingsbury Maternity Hospital (now the maternity annexe of Charing Cross Hospital) was started during the year. The maternity bookings at the hospital are done by one of the Council's almoners. This arrangement, which is working very well, is popular with patients, hospital staff and almoners alike, and is worth extending to other parts of the County. It is a point well worth consideration whether there is not now as much scope for the almoner in the work of the local health authority as in the work of the hospital.

Another small experiment in co-operation was approved at the end of the year, and it is hoped that it will very shortly be put into operation. Nursing students from the West Middlesex Hospital are to spend a month as observers of the various branches of the domiciliary health services of the County Council, thus gaining an insight into positive health teaching.

Co-operation with general practitioners has certainly improved as far as the midwifery service is concerned. There was difficulty—even some resentment—due to misunderstanding on the part of both general practitioners and midwives of the real intention behind the maternity medical services. Much was done to clarify the position by the issue from the Ministry of Health in 1949 of a statement by the Standing Maternity and Midwifery Advisory Committee. The appendix to this statement sets out clearly and concisely the intention of the provisions of the Act and it can now be said that the maternity medical services are working reasonably smoothly over the County as a whole. One or two areas have a printed form of communication between doctor and midwife but this is not essential and the scheme is working very well in areas which have no such system.

The issue of some similar statement regarding the true function of the health visitor would be of great value. In the appropriate section (page 15) are quoted the words of an area medical officer regarding the lack of understanding by the general practitioners of the work of the health visitor. The number of fully qualified health visitors is small and a proper understanding of her work by the general practitioner would make matters easier for the health visitor and enable a better deployment of her services.

Steps are taken to keep hospitals, general practitioners and members of the public informed of the health services provided by the County Council. This is done by circular, press and poster publicity, &c., in addition to the personal propaganda regarding these services given by health visitors, &c. The County Council gave consideration to the issue of a guide but decided that to do so on a county basis would be uneconomical and accordingly co-operates with local district councils who produce guides for their district.

JOINT USE OF STAFF

The County Council's policy generally is to employ whole-time medical officers to carry out the work of its local health services. Doctors engaged in general practice are occasionally employed on a sessional basis as *locum tenentes* at infant welfare centres, ante-natal clinics and immunisation clinics whilst there are two doctors employed regularly part-time on a sessional basis for ante-natal clinics who are also in general practice which continues the arrangement operating when the service was transferred to the County Council in 1948. There are two doctors regularly employed on a part-time sessional basis by the County Council who also hold part-time posts at hospitals.

There is also a panel of doctors, mostly engaged in general practice, who have had special experience in the administration of anaesthetics, whose services are available as need arises for the administration of dental anaesthesia at the gas sessions held in the local dental clinics.

The chest physicians employed by the Regional Hospital Boards also by agreement carry out duties on behalf of the County Council in its tuberculosis after-care scheme. This is dealt with more fully on page 19.

The Regional Hospital Boards also provide the services of specialists at certain sessions held in County Council clinics such as ophthalmic, orthopaedic, child guidance, &c., which though primarily provided for the school health service deal also with children under five. Some difficulty has been caused owing to the difference in policy between the North East and the North West Metropolitan Regional Hospital Boards regarding the provision of such specialist clinics and the matter is still under consideration.

During 1952 a scheme of co-operation was approved in principle under which in two of its areas certain of the County Council's assistant medical officers would be given the opportunity of attending ward rounds and out-patient paediatric or ante-natal clinics at local hospitals, and would themselves take a share in the conduct of these clinics. At the same time selected medical officers working in the hospitals were to be given the opportunity of working in some of the County Council's maternity and child health clinics.

The scheme was not in full operation by the close of the year, owing to some difficulty in reaching agreement on the detailed arrangements. However, a start has been made and a medical officer from the Ealing part of No. 7 local health area is attending the paediatric department of the West Middlesex Hospital for one session each week.

VOLUNTARY ORGANISATIONS

Queen's Institute of District Nursing

The County Council is in membership with the Institute. Five of the Superintendents of Home Nursing are members of the Institute and a proportion (in the region of 20 per cent.) of the home nurses themselves have had Queen's training.

British Red Cross Society and St. John Ambulance Brigade

(*a*) *Loan of Nursing Equipment.*—Details of arrangements made between the County Council and the British Red Cross Society are set out on page 21.

(*b*) *Nursing Aid Service.*—This in practice has proved so far of relatively little value. Only in one or two areas can it be said to have been of practical help to the home nursing service. (See Home Nursing section on page 15.)

(*c*) *Meals on Wheels* are provided for the sick and aged in a number of districts.

(*d*) *Mother and Baby Homes.*—The British Red Cross Society has two such homes in Hendon, one ante-natal and the other post-natal. Each can accommodate 14 patients, and under an agreement with the Society the Council now has the use of all the beds in each home.

Women's Voluntary Services

This organisation gives help in a variety of ways according to local need. In some areas assistance at the child welfare clinics is given. Members help with the distribution of foods, &c., and other non-technical duties. Meals on wheels are provided in some areas by the W.V.S. and also other forms of assistance with the aged and chronic sick. Liaison is particularly good with the domestic help service.

Family Planning Association

This organisation rents (at a nominal figure of 5*s.* per session) accommodation from the County Council in most areas for the holding of clinics. These clinics are staffed entirely by medical officers, nurses and clerks under the aegis of the Association. The County Council's medical officers refer cases for contraceptive advice when it is needed on medical grounds, and certain others may be referred to one or other of the Association's sub-fertility clinics.

National Society for the Prevention of Cruelty to Children

For many years prior to 1948, the liaison between this body and the staff (in particular health visitors) of the local maternity and child welfare authorities was most happy. This goodwill persists throughout the County. Since the Children's Department has taken over its full duties, the Health Department's contacts with the N.S.P.C.C. have been less frequent.

Other Bodies

(*a*) *Old People's Welfare Committees.*—The County Council is represented upon the Old People's Welfare Committees which have been established in each of the county districts. Close liaison with the County Council's staff is maintained in the work of the Committees.

(*b*) *Voluntary Helpers Association.*—A number of the areas have voluntary associations to assist at the child care clinics.

(*c*) *Citizen's Advice Bureau.*—Local branches of the Citizen's Advice Bureau maintain close touch with, in particular, the home help service, in a number of the areas.

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

Maternal Care

There are ante-natal and post-natal clinics in each of the County's 10 areas. The number naturally varies with the need. The clinics are staffed by medical officers and health visitors in the Council's direct employ. In a number of areas midwives hold their own ante-natal sessions in the Council's clinics. Where this is not the practice the midwife attends there with her patient at the doctor's session.

There is an increase of 1,241 over the 1951 figure in the number of women attending ante-natal clinics. It may not be out of place here to explain the apparent discrepancy between Table 23 and Table 24—the great difference between the numbers who attend the ante-natal clinic and those attending the post-natal clinic. This latter figure is not a very valuable one as it gives no true picture of the numbers of patients who do have a post-natal examination. This examination should properly be made by the doctor responsible for the confinement. Patients delivered in hospital should therefore return there at the appropriate time even though the pregnancy was supervised

at one of the Council's centres. Similarly a doctor's case should be examined by the practitioner concerned. It will be appreciated therefore that the numbers to attend the Council's clinics must necessarily be relatively small.

There is a specialist ante-natal clinic in only one area. Liaison with hospitals is close and there is never difficulty in obtaining advice or hospital admission for any ante-natal patient who is considered to need it.

Arrangements have been made throughout the County with the exception of Harrow for blood specimens taken at ante-natal clinics to be examined at the Public Health Service or Hospital Laboratories. The actual examinations vary from area to area but include one or more of the following:—Wasserman reaction, Rh. factor, A.B.O. grouping, haemoglobin estimation.

A more recent development is the ante-natal relaxation class. These are held in seven areas, the class being taken by either a health visitor, a midwife or a physiotherapist. The classes must of necessity be relatively small and not infrequently it is only possible to cater for the patient having her first baby.

There is a growing realisation of the value of these relaxation classes among that section of the community most concerned. It is to be expected therefore that the demand will increase, and the service will need to be extended. A mother so prepared for confinement faces her ordeal in a contented frame of mind with her fears allayed and knowing that she will be able to co-operate to the full with doctor and midwife.

It should not be thought, however, that this preparation will wholly dispense with the need for analgesia, and that such drugs as pethidine and nitrous oxide will no longer be required, though it may well be that their use in future may be on a more limited scale. The situation is perhaps best summarised by saying that ante-natal relaxation classes are a big step towards the closer approach of the birth process to the physiological function which Nature intended, but from which civilisation has removed it.

Maternity outfits are distributed free of charge on production of a certificate of pregnancy to all except hospital patients. Stocks are held at the Council's clinics and also at the midwives' residences.

No assistance is given at clinics in general practitioners' own premises at the present time.

Unmarried mothers are referred to the Council's special services almoner by both the Council's own staff and by moral welfare workers of all denominations throughout the County. Admission to a mother and baby home is arranged at the appropriate time. Except for one or two voluntary homes confinement takes place in hospital and the mother and her baby return to the care of the County Council until suitable arrangements can be made for them.

The County Council provides birth control clinics in two areas and in the remainder of the County has made arrangements with voluntary organisations whereby women in need of contraceptive advice on medical grounds can obtain such advice and any necessary appliances.

Arrangements have also been made in a number of areas for expectant and nursing mothers to receive chiropody treatment at the County Council's clinics.

Child Care

Routine sessions are held at all the Council's clinics for advice on breast feeding and infant welfare, and the inspection of toddlers. There is considerable variety over the County as a whole. Local custom and local demand very largely govern the provision that is made under this section of the work. It has been the policy of the County Council not to interfere with local arrangements which were working well on the appointed day and proving of value.

No assistance is given in clinics held by general practitioners in their own premises.

A specialist paediatric clinic is held in only one area. Here again there is close contact with local hospitals. Elsewhere, cases requiring more intensive treatment than can be provided by the Council's own medical officers are referred either direct to hospital or to the family doctor.

There is close integration with the school health service and children under school age are now allowed to attend the specialist school clinics such as orthopaedic, &c.

It seems that the fall in the birth rate has been arrested. The figure of 13·4 is identical with last year although the actual number of live births (30,418) is less by 64 than in 1951.

This may account in part for the fact that the number of children who attended the Council's centres fell by 3,573. There was a net decrease of 41 in the number of sessions per month.

Care of Premature Infants

The County Council, very shortly after the 5th July, 1948, made provision for the domiciliary care of the premature baby. Midwives on the staff of each area have received special training, and adequate equipment (special cots, screens, hot water bottles, oxygen cylinders, &c.) is held in readiness at easily accessible points in each area. Actually, little use is made of these provisions, again because the liaison with hospitals is so good.

Supply of Dried Milks, &c.

Each clinic has a stock of dried milk for distribution on medical advice. This is sold at cost price plus a small handling charge, except in necessitous cases. The milks, foods and vitamin preparations available at the clinics are a selection recommended by the Medical Advisory Committee and are subject to revision from time to time.

Arrangements have also been made for the distribution at clinics on behalf of the Ministry of Food, of National dried milk, orange juice, cod liver oil and vitamin tablets. Recently the Ministry of Food, who had supplied some assistance in this distribution, has been gradually withdrawing the staff concerned. From time to time this causes difficulties which are not always easily overcome. It is the Council's policy to make use of voluntary workers whenever possible, but these are not always available.

Dental Care

The following report has been prepared by the Chief Dental Officer, Mr. J. V. Bingay, *M.B.E.*, L.D.S.R.C.S.:—

" During the last two years the dental staffing position in the County has undergone a remarkable and gratifying change. At the end of 1950, the equivalent of 53 full-time dental officers remained in the service. With the implementation of the recommendations of the Dental Whitley Council in April, 1951, the numbers slowly increased, until at 31st December, 1951, the figure stood at the equivalent of 58 full-time officers.

This significant increase was maintained during the year under review and I am pleased to report that the figure at 31st December, 1952, had increased to the equivalent of 65 dental officers and at the time of writing this report, the number has again increased to the equivalent of 69 full-time dental officers, an increase of 16 dental officers since the end of 1950.

The staff is engaged on joint duties in the school health service and the priority dental service for expectant and nursing mothers and children under school age, and devote approximately 20 per cent. of their time to the latter service.

Apart from the increase in staff an additional 2,160 sessions were obtained through the evening sessions scheme which was approved by the County Council, in the first instance for an experimental period of one year and subsequently extended for a further period subject to reconsideration by the County Council when recruitment to the County dental service approaches the present approved establishment of 97 dental officers.

Of the 2,160 sessions obtained through this scheme, during the year, 246 sessions were devoted to the priority services, thereby increasing the number of sessions available to this class of patient by approximately 4 per cent.

Briefly the scheme is devised to enable whole-time dental officers employed by the County Council to undertake voluntarily up to a maximum of three evening sessions in any one week, each session being of three hours' duration. The sessional remuneration is three guineas for the dental officers and 12*s.* 6*d.* in the case of dental attendants.

The purpose of the scheme is to provide treatment for the older groups of school children and the nursing and expectant mothers under the priority scheme, who, owing to the attenuated dental staff, and great demand for treatment, would not be able to receive such treatment during the normal day-time sessions.

The scheme has proved most popular with the public and the attendances have been uniformly satisfactory. The output of work has been high, largely due to the excellent attendances, the very small percentage of broken appointments and the important fact that the dental officer can work free from the interruptions which are so frequent during the ordinary sessions.

Part-time dental officers.—Before 1948, the policy of the County Council was to employ only whole-time dental officers. However, with the serious decline in numbers of officers during the period following the implementation of the National Health Service Act, consideration was given to the employment of part-time officers, particularly following the issue of Ministry of Health Circular 22/52, which advised, as an immediate measure, the employment of this class of officer, in order to help meet the enormous demand for dental treatment. The County Council now employs some 19 part-time dental officers, giving 98 sessions per week, *i.e.*, the equivalent of nearly nine whole-time dental officers—roughly 14 per cent. of the total dental officer staff.

Prosthetic Appliances.—All prosthetic appliances, crowns, bridges, inlays, &c., are made in the County Council dental laboratories situated at Teddington and Hendon. Both the quantity and standard of production has been of a high level under the able supervision of Mr. O. H. Minton, L.D.S., Area Dental Officer at Teddington, and Mr. K. C. B. Webster, L.D.S., Area Dental Officer at Hendon.

Nursing and Expectant Mothers.—A fall in the number of expectant and nursing mothers treated was observed during the years 1949–51, probably largely due to the lack of dental staff in the local authority clinics. There appears, however, to be a gradual re-awakening to the necessity for early dental treatment, particularly in the case of the expectant mother, and it is to be hoped that the assistant medical officers and health visitors will use to the full their powers of persuasion so that these prospective mothers may be able to face child-birth without the added hazard of a septic dental focus within the body, which is, alas, so often the case today.

Pre-school Children.—It is pleasing once again to be able to report an increase in the dental treatment of these young, but exceedingly important, patients. Particularly satisfactory is the fact that the emphasis has been laid on the conservation of teeth rather than upon their extraction.

I cannot emphasise too strongly the responsibility of the dental officer towards these young children. The whole attitude of the child towards dental treatment throughout life will be based on the success or failure of the first visits to the dentist. Experience has shown that a large percentage

prove to be most excellent and co-operative patients (particularly so when the parents are realistic and sensible). Those few who can, admittedly, be very difficult, must always receive the special consideration of the dental officer, and every endeavour should be made to gain their confidence. Tremendous satisfaction can be achieved by the ability to convert the nervous and difficult child to a placid trusting normal patient.

Clinic Accommodation.—With the increase in dentists it has been possible to re-open during 1952 many dental clinics which had remained closed during the lean years of 1949–51 and every endeavour is being made to regain the ground lost in those years. A great deal of re-education is necessary in order to make the public once again " clinic minded." I am, however, very hopeful of the future of the local authority dental service.

During the year a very fine new dental clinic at Gresham Road, Staines, was put into operation. In my opinion, this adaptation of an existing building has proved a model for similar projects. Every provision has been made for comprehensive treatment, including general dentistry, X-rays, orthodontics and oral hygiene treatment by a dental hygienist.

Other projects are at present under review, particularly in those areas where the approved establishment, owing to lack of accommodation does not bear a true relationship to the population. In this respect the further consideration of the evening sessions scheme as related to the restricted surgery accommodation in certain areas is to be commended. It appears to be a sound means of using to the full available accommodation. Although as a long-term policy further buildings are obviously necessary, as a short-term policy the use of the surgeries in the evenings would do away with the necessity for some of the heavy capital expenditure involved in providing new surgeries, until such time as the country's finances are more stable.

In order that the recovery of the priority dental service may be more easily appreciated, I append below a comparative table for the years 1950–52.

	Nursing and Expectant mothers			*Children under five years*		
	1950	1951	1952	1950	1951	1952
Examined	4,833	3,524	3,809	7,870	8,833	8,329
Required treatment	4,482	3,284	3,492	6,825	7,549	7,289
Treated	4,135	3,345	3,732	6,395	7,850	7,978
Total attendances	17,858	11,842	14,148	17,057	16,640	18,179
Extractions	8,346	5,935	6,726	7,879	9,572	9,219
Fillings	7,755	5,601	7,174	8,237	9,170	11,025
Dentures provided	1,489	1,002	1,117	3	—	—
X-rays	471	389	739	43	46	72

Conclusions.—It will be seen from the above Table that the ground lost on the treatment of nursing and expectant mothers during the year 1951 has been partially regained during 1952. The major factor in this partial recovery has been the introduction of evening sessions.

In the case of the children under five years, although the number examined in 1952 was slightly less than in 1951, the total attendances increased by 1,850 and the number of fillings inserted increased by 1,885. There is evidence that each child is receiving complete treatment and is not attending merely for the relief of pain.

It is pleasing to note that dental officers are making more use of radiographs to assist clinical diagnosis in the treatment both of nursing and expectant mothers and small children. The increase in the number of radiographs over the 1951 figure is 376, *i.e.*, 86 per cent.

The dental treatment of nursing and expectant mothers is still causing me the utmost concern. Undoubtedly this section of the work was the hardest hit during the years immediately following the National Health Service Act when the staffing position of the service reached its lowest ebb.

I am aware that a certain percentage of these patients are receiving treatment through the General Dental Service. It is, however, my belief that far too many are receiving no treatment at all. I cannot urge too strongly the necessity to put forward every possible effort to see that this very important class of the community is re-educated to the value and indeed necessity for dental treatment. It would be a tragedy if the efforts of many years past, which were proving so successful, should be irretrievably lost through apathy on our part."

Other Provisions

Reference has been made above to the work of the special services almoner in connection with the unmarried mother and her child. The Council has two mother and baby homes under its direct administration. The Ealing home has 24 beds and 11 cots (*i.e.*, 13 ante-natal beds and 11 post-natal). In practice it happens not infrequently that it is necessary to accommodate 12 babies in this home, but there are a number of single rooms and the extra baby can be accommodated with its mother. The Willesden home has accommodation for 12 mothers and 12 babies. In addition the Council makes use of all the accommodation provided by the British Red Cross Society in its two homes at Hendon, one for ante-natal and the other for post-natal cases. Use is also made of a number of homes belonging to other organisations both within the County and beyond its borders.

Arrangements are made under both Section 22 and Section 28 for residential accommodation for mothers and young children. That under Section 22 is concerned with feeding difficulties, establishment of breast feeding, &c. Admission of cases is arranged to the Dedisham Baby Unit,

the Violet Melchett Nursery Training College, and one or two other similar institutions. Under Section 28, recuperative holidays are arranged for both mothers and children up to the age of five years.

Day Nurseries

On the 5th July, 1948, the Council assumed responsibility for 95 day nurseries. Of these the great majority were training nurseries. This, of course, meant that the work throughout the County was of a high standard.

At first it did not appear that the essential need for day nurseries was lessening. By the end of 1950, only three had been closed and the total number of children in the day nurseries was less by only 337 than in 1949. By this time, however, it was felt that the needs of industry were no longer the prime justification for the admission of children to a day nursery, social conditions and health needs being now the important considerations.

The question of expense was causing the Council great concern. The expenditure on day nurseries, a figure in the region of £500,000 per annum of which half was met by rates could not any longer be said to be justifiable from an economic point of view. Ministry approval was therefore obtained to a change in the Council's proposals for day nurseries and a detailed scheme of priorities for admission was worked out. A copy of this is included as an Appendix to this report. This scheme of priorities reduced the numbers of children accommodated in the day nurseries and by the end of 1951, the total number of nurseries was reduced to 81, with a total number of approved places of 4,293 and an average daily attendance in all age groups of 3,128.

Four day nurseries were closed during the year, reducing the number of places available by 311. The total number of children on the register was 2,269 as against 3,591 in 1951.

With the passing of the amending Health Act in 1952, the Council amended the scheme of charges. The full cost of maintenance of a child in a day nursery, based on the total number of approved places, resulted in a charge of 9*s*. per day or 45*s*. per week being made, but this is reduced according to the means and needs of the parents. The full effect of this cannot yet be properly judged.

It is interesting to note that despite the marked fall in the numbers of children attending the Council's day nurseries the number of registrations both of private day nurseries and child minders under the Nurseries and Child Minders Regulation Act of 1948, has by no means shown a proportional increase. A follow up of the children no longer in attendance at the day nurseries has shown that quite a number of them are now at home with their mothers, the mothers no longer being in employment.

Active research has been going on, under the auspices of the World Health Organisation, into the importance to the young child of his mother's uninterrupted care. Dr. John Bowlby's work is proving beyond doubt that the most important factor in a child's early life is the constant presence and care of his mother. His whole outlook and behaviour as he develops into maturity is dependent on the nature and quality of that care. It is surely unwise, in the light of this new knowledge, to facilitate the separation of a child from his mother for the major part of his waking life, without some very drastic reason. Accordingly any measures which encourage mothers to care themselves for their children are to be commended.

Daily Guardianship Scheme

There are two schemes of approved daily guardians in existence, one in Tottenham, the other in Brentford and Chiswick. These are a continuation of schemes that were in existence before the 5th July, 1948. In addition to the fee paid by the parents the guardian receives from the Local Health Authority a fee of 1*s*. per day for each child received. The number has risen during the year from 63 in 1951 to 80 in 1952, and the number of children cared for from 71 to 92.

The purpose of these schemes is essentially to give the Council some measure of control over the guardians, so as to be able to safeguard the children's well-being as far as possible. In a previous report I have pointed out the serious gaps in existing legislation—for example under the Nurseries and Child Minders Regulation Act, 1948, a person does not need to register with the Local Authority unless she receives for reward three or more children of different families. There may well be large numbers of children cared for by the day of whom the Council has no knowledge. Consideration might profitably be given to an extension of these schemes as the numbers of places available in day nurseries decreases.

Places registered under the Nurseries and Child Minders Regulation Act, 1948, totalled 1,468 as against 1,083 in 1951.

Thus the total number of children for whom the Council may be said to have a degree of responsibility for their daily care, *i.e.*, in day nurseries, under daily guardianship through County Council schemes or under Nurseries and Child Minders Regulation Act, fell during the year from 5,105 to 3,829. This figure is about 2 per cent. of the child population under five years of age.

DOMICILIARY MIDWIFERY

The day to day administration of this service, as of most of the other personal health services, is delegated to the local area committees. Each area has a medical and a non-medical supervisor whose qualifications comply with the Midwives (Qualifications of Supervisors) Regulations, 1937, S.R. & O. 398 (1937). The medical supervisor is the senior (woman) assistant medical officer in all areas except one where the area medical officer himself undertakes the duties.

The number of midwives in private domiciliary practice in the County is now only 14. These midwives are visited and their equipment, registers, &c., inspected at regular intervals. Naturally there is not the same intimate dealing with them as with the Council's own staff. Midwives from Nurses Co-operations are also inspected " on the job " if the notification is received from them in time.

Each of the 144 district midwives employed by the Council is qualified to administer gas and air for analgesia and there is sufficient apparatus for each case to have this if desired. Of 6,482 deliveries attended by midwives in 1952, 5,165 patients had gas and air analgesia. Arrangements for the administration of pethidine by midwives have now been in force for about $2\frac{1}{2}$ years.

In a County as urban as Middlesex, there seems no need for ante-natal supervision to be undertaken at the midwife's home, and wherever possible arrangements are made for the midwives' cases to be seen at the Council's clinics, either by the midwife herself at one of her own sessions or accompanied by the midwife at a doctor's clinic session. Where this is not possible the midwife visits the patient in her own home. It is the normal experience that co-operation with the general practitioners is very good.

In several of the Council's areas the midwife visits for 28 days as was recommended by the working party on midwives in 1947. This is working well in the areas concerned and should improve as time goes on. There has been no friction at all between the midwives and health visitors on what might be considered debatable ground—that is, the second fortnight of the infant's life. It would be well when consideration is given in the future to the midwife's training to include more instruction on artificial feeding. The midwife will be far better qualified to persist in the establishment of breast feeding if she has the security of a good working knowledge and experience of artificial feeding in her armamentarium.

" Accommodation visits," that is to say, home visits to patients for whom there is no medical reason for admission to hospital, are done by either midwives or health visitors. There are good reasons to be advanced for either of these members of the Council's staff doing such work. If the patient is not admitted to hospital then the midwife must undertake the confinement at home and she is the best person to judge whether her requirements at the time can be met. On the other hand, the training of the health visitor fits her particularly for this kind of visit.

One other point should perhaps be mentioned here, and that is the failure of many hospitals to take notice of the advice given in the Ministry's circular issued in 1951, regarding the selection of maternity cases for admission. The birth rate has fallen markedly over the country as a whole. That fact, combined with the modern demand for institutional confinement has resulted in a great fall in the number of cases dealt with by the domiciliary midwifery service. This may be a change in habit to which we must become accustomed, but it is a very expensive change and one which should not be encouraged. The majority of hospitals with which this authority has dealings ask for a report on the social conditions of the apparently normal patient seeking admission. The reports are returned promptly to the hospital after a special visit by either the midwife or health visitor, but more frequently than not the patient has been booked for admission before the report is received. It appears all too often that little attention is paid to the home circumstances of the patient.

A minor sequel to the fall in the number of domiciliary births is the increasing difficulty experienced in the Part II training of the pupil midwives. If this change in habit is to become permanent there will be less demand for a domiciliary service and it might be advisable to consider a revision of the training of the midwife.

Refresher courses for midwives are arranged in conjunction with the Royal College of Midwives, and staff attend in rotation on the lines of the recommendation of the Rushcliffe Report for health visitors. Similar arrangements are made for such of the Council's staff as are approved midwife teachers. In addition, Middlesex co-operates with London and other home counties in the provision of a short series of lectures and demonstrations twice each year. Midwives in private practice and those from nursing homes are able to attend these courses. The non-medical supervisors attend the annual refresher course for supervisors arranged by the Association of Supervisors of Midwives.

Part II training of pupil midwives is undertaken in all areas except one. The number of approved midwife teachers is 54, but an average number of about 34 pupils is received every three months. This is done in conjunction with hospital management committees of the North West Metropolitan Regional Hospital Board. Occasionally requests are received from other management committees and it is usually possible to accept such pupils. An experimental scheme of training in conjunction with the Central Middlesex Hospital was undertaken at the request of the Central Midwives Board. This was a scheme whereby both parts of the training were done at the same hospital. The experiment terminated in 1952 after a period of two years, but the Central Midwives Board has not as yet made any comment.

The Midwifery service dealt with a total of 6,410 cases as against 6,486 in 1951. This gave an average case load of 48 per midwife, the area averages varying from 61 in Area 10 to 37 in Area 9. The average case load for 1951 was 43. The difference is accounted for by the fact that, in accordance with the Council's policy, midwives leaving the service were not, usually, replaced. The staff was reduced by 17 during the year.

HEALTH VISITING

The approved establishment of health visitors, which are combined posts incorporating health visiting and school nursing duties, is 346 for the County and in addition there are 12 supervisory posts. The actual number of qualified health visitors employed at the end of the year, excluding

supervisory staff, was 231, equivalent to approximately 222 whole-time persons. This is a serious deficiency and is part of a nation-wide state of affairs. Clinic nurses and health assistants make up in part the deficiency in this service. Every effort is made to use the qualified health visitors to the best advantage. They are employed on the most highly technical aspects of the work, visiting in the homes, the more difficult interviews at the clinics, &c. Clinic nurses are state registered nurses or state registered children's nurses and are used in the school health service and for the clinic sessions in the maternal and child health scheme. Health assistants are used for such tasks as cleansing the verminous, weighing and measuring, &c. Over the whole County there are approximately the equivalent of 46 whole-time clinic nurses and 19 whole-time health assistants. Some areas have a higher proportion of qualified staff than others and the position fluctuates from time to time, but the overall picture remains fairly constant.

The shortage of fully trained staff militates against the undertaking of the complete duties of the health visitor as envisaged in the National Health Service Act. The wording of Section 24 indicates that she should occupy herself with the welfare of the entire family from birth to death in sickness and in health. Section 28 implies that the health visitor may be used on other duties. It is in this section that power is given for the work of the tuberculosis visitor. Hitherto, no very clear guidance has been given on her work in these new fields which are now open to her. It may well be that this uncertainty on the true function of the health visitor may deter nurses from taking up such a career. The training syllabus, it is true, has been modified to some extent to meet this new demand, but it does not as yet entirely fit the health visitor to assume with ease these new duties.

In Middlesex all special requests for visits (*e.g.*, requests from hospitals concerning the home conditions of patients about to be discharged, admission to maternity hospitals, requests for convalescence, &c.) are met. All this involves extra report writing and is very time consuming. Reference is made on page 8 to the lack of understanding by general practitioners of the nature and scope of the work of the health visitor. The following extract from a report received from an area medical officer emphasises this point:—

> " There is room for improved understanding by general practitioners of the work and function of the health visitor. When advice on mothercraft, infant feeding, &c., is needed, the practitioner does not call in the health visitor in the same way as he calls in the home nurse in cases of sickness. Suggestions for making known the work of the health visitor are:—
>
> (1) Through the medical press, *e.g.*, an article in the refresher course for general practitioners, in the *British Medical Journal.*
>
> (2) By distribution of the pamphlet " The work of the Health Visitor " with an introductory letter from the area medical officer.
>
> (3) By a determined effort on the part of the health visitor to make contact with individual doctors."

These comments should meet with general support and the Ministry might well take some active steps towards this better understanding by the production of some suitable circular comparable with that relating to the maternity medical services (" Misunderstanding exists ") referred to above.

The third course of health visitor training is now in progress under the aegis of the Education Department at the Chiswick Polytechnic. Major County Awards are granted by the Education Committee to Middlesex residents. This is the first course of nine months' duration and it consists of 18 students although nearly 30 applications were received. Some of the students were previously on the Council's staff in the capacity of clinic nurses, home nurses or midwives. It is gratifying to record that the two previous courses have both been entirely successful.

Existing staff are sent periodically to refresher courses in accordance with the recommendations of the Rushcliffe Report. These courses are run by the Women Public Health Officers' Association and the Royal College of Nursing. Plans were made for a Middlesex refresher course to be run on residential lines and to be open to other authorities, but did not receive the necessary support of the Ministry.

HOME NURSING

Day to day administration of the home nursing service is undertaken by the Area Committees and the staff is directly employed by the County Council with one exception. This is the Willesden District Nursing Association which operates a large training unit and has presented many complications in connection with the take over by the County Council. It is hoped, however, that the take over will be completed in 1953.

The approved establishment of home nurses for the County is 300. The number of nurses employed in terms of equivalent whole-time staff, including the Willesden District Nursing Association, is 257. Of this number, 231, including 16 male nurses, are whole-time state registered nurses. The male nurses form a very valuable section of the staff. There are also 13 whole-time enrolled assistant nurses who work under the supervision of the state registered nurses. Each area has a home nursing superintendent who combines her duties with those of non-medical supervisor of midwives. Of the 10 County superintendents, five are members of the Queen's Institute of District Nursing and about 20 per cent. of the home nurses themselves have had Queen's training. In addition there is one nurses home superintendent for each nurses' home.

Difficulties arise in connection with the shortage of full-time personnel in that the part-timers are not prepared as a rule to undertake week-end, evening and Bank Holiday duties and a heavier

burden than is their due falls on the full-time staff. These difficulties it was hoped would be covered to some extent by the Nursing Aid Service provided by members of the British Red Cross Society and the St. John Ambulance Brigade who should theoretically be able to give their service at these times, but in practice this has proved a disappointment. Steps were taken to encourage this service and the officials of both organisations were very willing to co-operate but the actual numbers of their members who have reported for duty has been discouragingly small. Co-operation with the general practitioners is good, informal and friendly. There is no general night service as such, but at night emergency calls can usually be dealt with.

A survey of the cases attended by home nurses was undertaken in the early part of 1951. It was found then that just over 4 per cent. of cases were tuberculous and 31 per cent. were over the age of 70. The total number of cases attended in 1952 was 41,421. The total number of visits made was 872,740. This gives an average number of visits per nurse of 3,182 and an average number of visits per case of 21.

The only training establishment in Middlesex at the present time is that provided by Willesden District Nursing Association. It is hoped that this will continue as a training unit when the County takes over the work of the Association. Attempts were made to establish a second scheme on similar lines at Edmonton, but were frustrated by lack of response to advertisements both for permanent staff for the home and for student home nurses.

There is insufficient provision for refresher courses for home nurses. The Queen's Institute organises a limited number of such courses but the places available are totally inadequate for the numbers of staff who require to attend. A high standard for district work is undoubtedly essential but the training should surely not be the monopoly of one body when such large numbers are involved. The areas individually do as much as is possible in the way of lectures and demonstrations for their staff, not only to keep up the interest but to maintain an up-to-date technique and knowledge of modern treatments, &c. This type of local effort is given every encouragement.

The Home Nursing Service had an increase of work during the year needing an increase of 24 staff. The total number of cases treated was greater by 2,475 than in 1951, and the total number of visits by 62,472.

VACCINATION AND IMMUNISATION

It is considered that chief reliance must be placed on a continuous effort of health education—chiefly personal health education by the medical and health visiting staff—to bring about a high level of vaccination and immunisation. This continuous propaganda is assisted by posters, leaflets, birthday cards and by lectures.

So far as immunisation against diphtheria is concerned it is the County Council's policy to hold propaganda campaigns from time to time on the lines advised by successive Ministerial circulars.

One of the difficulties is that in the last few years the circulars have been issued a little late in the year for a local campaign to be held well before the season of rising poliomyelitis incidence. For that reason a decision was made that, except in the Borough of Willesden, the 1952 campaign should be delayed until the autumn. A raised level of poliomyelitis incidence continued until the late autumn and again delayed the campaign which will eventually be held throughout the County in March, 1953.

It would be very helpful if the annual circular on immunisation campaigns was issued in January or February with an intimation that a national campaign would be run in say March or April.

It was decided not to hold a similar campaign to stimulate the vaccination of infants. The County Council's decision to amend its scheme under Section 26 of the National Health Service Act to permit of the vaccination of children at County Council clinics was confirmed by the Minister on 12th August, 1952. It was decided to wait and see what the effect of opening the County Council's clinics for vaccination would be before pressing the matter further, as it was anticipated that the holding of vaccination clinics would in itself have a stimulating effect.

Reinforcing or boosting injections of diphtheria prophylactic are given at the school clinics and at all maintained schools and the arrangements are extended to some independent schools. These arrangements provide for a reinforcing injection for all children on entry to primary schools unless as frequently happens in a child who has had a combined diphtheria/whooping cough immunisation, the boosting dose has been given in a clinic at an earlier age. Arrangements have been made for the immunisation against whooping cough of any children whose parents or guardians so desire it. These arrangements have recently been extended to cover the whole County and the immunisation is carried out at clinics. Clinical discretion as to the age for immunisation is given to area medical officers but the general practice is to commence immunisation which is usually combined with immunisation against diphtheria, at the age of six months.

All medical practitioners in the County are invited to undertake the free immunisation of children against diphtheria and the giving of reinforcing injections and vaccination. The prophylactic required is obtained by medical practitioners free of charge.

AMBULANCE SERVICE

It will be noted from the order of reference of the Health Committee (see page 4) that the functions of the Council as local health authority under the National Health Service Act are referred to the Health Committee. It should be pointed out, however, that the day to day management of

the Ambulance Service is referred to the Fire Brigade Committee. The concurrence of the Health Committee must be obtained in any decisions of the Fire Brigade Committee relating to the Ambulance Service policy, &c.

In its proposals under Section 27, the County Council stated its intention to combine the Ambulance Service with the Fire Service as completely as possible. Under this arrangement the County Health Department is not directly responsible for the administration of the service with which it is concerned in an advisory capacity only.

The following statement on the operation of the Ambulance Service for the year ended 31st December, 1952, has been prepared by Mr. A. Wooder, *C.B.E.*, L.I.FireE., Chief Officer of the Fire and Ambulance Service.

REPORT OF THE CHIEF OFFICER OF THE FIRE AND AMBULANCE SERVICE ON THE OPERATION OF THE AMBULANCE SERVICE

Demands on the Ambulance Service.—The number of patients carried during the year under review showed an increase of 5,789 over the previous year.

The Directly Provided Service carried 57,346 more patients than in the previous year, while the Supplementary Services (*i.e.*, the Hospital Car Service, Hiring Contractors, &c.) carried 51,557 less. The Directly Provided Service carried not only the whole of the increased demands, but also considerably reduced the number of cases passed out to Supplementary Services.

The total mileage run during the year showed an increase of 52,863 miles compared with the previous year, although the Directly Provided Service ran 242,052 more miles than in the previous year.

Details of the number of patients carried are set out below, together with the details of the patients carried during the corresponding months in 1951:—

Patients carried	1951	1952
January	67,919	71,411
February	62,309	64,410
March	64,972	66,779
April	65,247	64,633
May	69,499	71,044
June	67,698	61,680
July	68,726	66,650
August	63,165	58,543
September	60,802	65,545
October	69,367	72,486
November	68,959	65,731
December	57,899	63,439
	786,562	792,351

Further statistical tables are set out on page 69.

Contract for Vehicles.—During the year the County Council approved the purchase of 10 Morris Ambulance Chassis and 10 ambulance bodies to the County Council's specification. None, however, was actually delivered during the year under review.

Thirteen new sitting case vehicles were delivered and commissioned during the year.

National Health Service (Amendment) Act, 1949—Section 24—Agreement has been reached with Surrey and Hertfordshire and negotiations are proceeding with London, for the block settlement of claims for the transport by one authority of cases which are the liability of the other, on a yearly basis. The balance of payment generally is against Middlesex.

Development Plan.—During the year 1952, three further sites for ambulance depots were acquired, namely:—

No. 2 Depot, Wilbury Way, Edmonton.
No. 3 Depot, Colney Hatch Lane, Friern Barnet.
No. 8 Depot, Boston Road, Hanwell.

With the five sites secured last year, the number of sites still outstanding is two. The building of the following permanent ambulance depots commenced just before the end of the year:—

No. 1 Depot, Chase Farm Hospital, Enfield.
No. 6 Depot, Imperial Drive, North Harrow.
No. 7 Depot, Hillingdon Hospital, Uxbridge.

Transport by Rail.—During the year the number of patients carried under ambulance conditions by railway was 498 compared with 418 during the previous year. The Railway Regional Executives have continued to co-operate fully with the Service.

Mutual Assistance.—Mutual assistance arrangements with the adjoining authorities continue to operate satisfactorily.

London and Northolt Airport.—The arrival at London and Northolt Airports of patients requiring ambulance transport continues and, on occasions, has given rise to operational difficulty due largely to the short notice given. The County Council Airport Medical Officers and their staff have again been most co-operative.

Railway Disaster—Harrow and Wealdstone Station.—A serious train crash occurred at about 0819 hours on Wednesday, the 8th October, 1952, at Harrow and Wealdstone Station, Middlesex. A local train (southbound) was run into by the Perth express (southbound) and the Manchester express (northbound) ran into the wreckage of the first two trains. The Fire and Ambulance Service was called at 0819 hours and the first appliances were on the scene at approximately 0823. The "stop" message was sent back at 1326 hours on Saturday, the 11th October, which coincided with the time when it was agreed by all the organisations concerned that all casualties had been found and extricated. The Service did not withdraw finally from the incident until 0024 hours on Sunday, the 12th October, having been in attendance for a total time of 3 days, 16 hours.

Twenty-one ambulances of the County Fire and Ambulance Service, three ambulances and three ambulance coaches from the London Ambulance Service, one Royal Air Force Ambulance, two ambulances from Edgware General Hospital, and two ambulances from the American Armed Forces attended. One omnibus, the property of the London Transport Executive was also of use to convey minor casualties to hospitals. Four emergency medical boxes containing essential instruments, equipment, drugs, &c., for an emergency operation were also in use. Each accident ambulance station is equipped with one emergency medical box.

Two hundred and seventy-four casualties, including 103 fatal, 90 seriously injured and 81 slightly injured, were extricated from the wreckage and removed to hospital by ambulance.

Civil Defence Ambulance Service.—20 ambulances taken out of commission were transferred for use by the Civil Defence Ambulance Service.

Interim Development Scheme.—The Minister of Health in approving the Ambulance Development Scheme, did so on the understanding that the completion of the 10 Depots should be scheduled to cover four years, and it was agreed that the new depots should be completed as follows:—

Three in the first year.
Three in the second year.
Two in the third year.
Two in the fourth year.

Although the Ambulance Development Scheme was approved in 1950, building did not commence on any of the new depots until late 1952.

Early in 1952, it was obvious that the demands being made on the Ambulance Service continued to show a steady increase and, having regard for the fact that ambulances were distributed at some 43 points in the County, it became clear that unless a measure of re-organisation took place it would not be possible to meet the increased demands without further additions to the ambulance fleet and an increase in the number of personnel. Accordingly, the County Council approved the putting into operation of an Interim Development Scheme which provided for the setting up of 10 temporary ambulance depots for the Sick Removal Branch, for the appointment of 10 Depot Superintendents and Deputies, and 60 Control Clerks. Temporary ambulance depots were set up at five fire stations and five hospitals:—

Fire stations—

Edmonton,
Friern Barnet (previously disestablished as a fire station).
Kingsbury,
Harrow,
Acton.

Hospitals—

Chase Farm Hospital,
Hillingdon Hospital,
Central Middlesex Hospital,
West Middlesex Hospital,
Ashford Hospital

and the interim scheme came into operation on 1st June, 1952.

The framework of the scheme was designed to follow closely the principles of the Development Scheme proper, to facilitate the smooth and easy changeover to the new permanent depots as and when completed, and to provide a ready-made basic structure which could be taken over by the County Medical Officer in case of an emergency arising without loss of continuity or efficiency. One of the primary objects of the Development Plan is to facilitate co-ordination and to make the maximum use of personnel and appliances. There is every indication that the Interim Scheme fulfills this object and, generally, the results so far achieved are satisfactory.

General Observations.—The increase in the number of patients carried during the year under review is considerably less than in former years, but, whereas, for example, in the year 1951,

the number of patients carried month by month was reasonably consistent, in the current year the fluctuations have been considerable, varying from 54,410 in February to 72,486 in October.

Heavy demands continue to be made on the Service for the transport of patients to London Hospitals and Clinics. In my last report I expressed the view that if by some means it were possible for arrangements to be made for even a proportion of such patients to receive treatment at the many excellent hospitals and clinics within the County, the present heavy burden placed on the Ambulance Service by the distance and other problems associated with the traffic to and from London would be considerably eased. The view I expressed still holds good.

Conclusion.—Once again I would express my thanks and appreciation to the Chairmen and members of the Fire Brigade and Health Committees for their continued support and understanding; to the Clerk of the County Council, the County Medical Officer, the County Treasurer and their staffs for their valued assistance and advice. Finally I would like to draw attention to the Railway disaster which occurred at Harrow and Wealdstone railway station in October and to the abnormally foggy conditions which have obtained during the winter months. The personnel of the service responded magnificently to the demands which this incident and the general weather conditions of the winter have made upon them.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The arrangements providing for the care and after-care of persons suffering from tuberculosis and other illness have continued with little change throughout the year. The statistical tables relating to tuberculosis are shown on pages 48–51.

This section of the health service is administered directly through the Health Committee, and a principal medical officer is responsible to the County Medical Officer for the administration and co-ordination of the services. There are nine chest clinics in the County each serving a population of approximately a quarter of a million.

The overall plan to deal with tuberculosis appears at first sight somewhat complex mainly because of the number of persons and official bodies concerned with the tuberculous patient and his family. Firstly, there is the general practitioner who has a responsibility for his patient as personal medical attendant. Secondly, there are the regional hospital boards, which provide the necessary specialist staff and facilities for diagnosis and treatment in clinics or hospitals. Thirdly, there are, apart from the local health authority many statutory bodies, *e.g.*, the National Assistance Board, housing authorities, Ministry of Labour and local sanitary authorities who have important parts to play in dealing with the many problems that may affect the family where a member has unfortunately developed a chronic infectious illness such as tuberculosis. Finally, there is a host of voluntary bodies doing extremely good work, filling gaps in the services provided by the welfare state.

In Middlesex the Council's arrangements provide for all the facilities that are available for the after-care of patients being used to their fullest extent.

The chest clinic with the physician in charge is the focal point. The physician is employed by the regional hospital board and is a consultant in diseases of the chest. Although primarily a clinician concerned with diagnosis and treatment, he is fully aware that the prevention of the disease on the one hand and the after-care of patients on the other cannot be divorced from treatment. For this reason the physician at each chest clinic is responsible for the general supervision of the Council's scheme to promote the after-care of patients. Experience has shown that this arrangement works smoothly and is effective, despite the division of responsibility between the regional hospital board and the local health authority. To promote smooth working in the chest clinic the staff of the local health authority come under the direct control of the physician for the day-to-day administration and for all routine duties, relating to the management and after-care of the patients.

The control of tuberculosis is perhaps less difficult now than it was immediately after the war, chiefly because of improved methods of treatment, better clinic facilities and more hospital beds being available for the in-patient treatment of selected cases.

Many chest clinics in Middlesex now have a miniature type of X-ray unit installed which enables a full diagnostic radiological service to be available and as a result many more patients are being referred to chest clinics by private doctors and this has led to the discovery of cases of tuberculosis at an early stage when treatment is most likely to be successful. Similarly, cases of cancer of the lung have been detected in the early and operable stage. These improved facilities for diagnosis and treatment have resulted in close co-operation between general practitioners and chest physicians, and many more patients are kept under observation. This in itself is a further step forward in the prevention of the disease.

Notifications.—The number of primary notifications of persons suffering from tuberculosis during the year was 2,208 pulmonary (2,416 in 1951) and 266 non-pulmonary cases (311 in 1951).

Home Visiting.—The number of tuberculosis visitors on the staff of the County Council is now 42, an increase of seven since 1948, and they are all employed full-time on this work. The Council's proposals envisaged the need for a staff of 50 tuberculosis visitors and recruitment up to this number is proceeding gradually as the need arises.

The tuberculosis visitor also undertakes duties at the clinic and acts in the capacity of clinic sister at a number of diagnostic and treatment sessions. This is an important and integral part of her work although with the increased attendances at clinics today it reduces the time she has available for home visiting. The tuberculosis visitor is the vital link between the chest clinic and the family. Her information about a patient's home background, and standard of living is all important in the management of the illness. Her advice to the patient and family on hygiene, dietary and methods of limiting spread of infection all combine in the effort to eradicate this infectious disease. Prevention is their goal.

The changing character of the work of the chest clinic has resulted in many cases of non tuberculous disease being dealt with there. It is becoming increasingly evident that home visits and assistance from the tuberculosis visitor are invaluable in many such cases, particularly in the management of patients suffering from lung cancer.

Welfare.—Each chest clinic has a welfare department which deals with the many financial and social problems that may arise where chronic disease occurs in a household. The County Council employs a staff of 16 trained and experienced medico-social workers, who are designated tuberculosis welfare officers. The place of the medico-social worker is now firmly established in the field of tuberculosis. Her help is most valuable in connection with any arrangements for the prevention and after-care of persons suffering from illness and this is especially the case with tuberculosis, by reason of the fact that the disease has such far-reaching effects on the whole family.

The scope of the work of the welfare officer is very wide. As many as a dozen official bodies and departments may be involved in the welfare of a single tuberculous family, and the welfare officer by close liaison with the National Assistance Board, housing authorities, Ministries of Labour and National Insurance and with the many departments of the local authority can do much to advise and assist the family in making all necessary arrangements and so relieve them of much anxiety.

The health visitor and welfare officer are the field workers and their respective duties are co-ordinated by the chest physician who conducts regular case conferences at the chest clinic at which all members of the staff attend.

Occupational Therapy.—An additional occupational therapist was appointed to the staff during the year making a total of five instructors employed full-time. They visit patients in their own homes and also hold classes at some of the clinics. They give guidance and training in a wide variety of handicrafts to selected patients. Materials are supplied to patients through the Council's supplies department at cost price, plus 10 per cent. handling charge.

Occupational therapy has an important place in any scheme for helping the tuberculous. To help the patient adjust himself to a new type of life, occupational therapy must be started soon after the diagnosis is made and continued throughout treatment. It is in fact the first stage in the rehabilitation of the patient.

Rehabilitation.—Although the majority of patients after treatment return to their previous work, a considerable number, on account of their condition, must seek a new form of employment; or they may only be fit for part-time work under sheltered conditions. The needs of the various patients are met in a number of ways:—

(*a*) Those who have recovered sufficiently and who require to change their employment, are, if fit to undertake full-time training, referred to the Ministry of Labour who give consideration to individual cases and arrange for their re-training in some suitable employment at one of the Ministry's training centres.

(*b*) A number of selected patients can be admitted to colonies such as Papworth, Preston Hall and Enham-Alamein Village Settlements where their rehabilitation and re-training is carried out very gradually over a prolonged period before their return to open industry or to permanent settlement in the Colony with their families. During the year the County Council maintained 47 patients at these colonies.

(*c*) Chronic infectious cases present the greatest problem. Very few of these are suitable for full-time employment in open industry. To provide for some of these cases, the County Council has established a sheltered workshop at Tottenham and during the year, increased its accommodation to employ 52 journeymen cabinet makers. In view of travelling difficulties it is only possible to take patients from the north-east area of the County, *i.e.*, Finchley, Edmonton and Tottenham. Suitable cases are selected by the chest physicians and, after a period of six months' training these patients are taken on the staff and employed as qualified journeymen cabinet makers. They are employed solely on County Council work and are paid at the appropriate trade union rates. They work for periods varying from 20 to 40 hours per week according to their state of health. There is without doubt need for this type of sheltered employment for the tuberculous worker. The patients are all infectious and it is therefore most desirable that workshops of this type should be established providing good working conditions, thereby avoiding infectious cases seeking employment in open industry, where they might pass the disease to their workmates.

It was planned to establish another workshop in the central part of the County, but in view of the need for economy at the present time the Minister of Health felt unable to approve this proposal for the time being.

Hostels for Tuberculous Cases.—The County Council opened its first hostel for homeless tuberculous men in December, 1951. The hostel is situated in the Twickenham area, and accommodates 16 residents.

The County Council's proposal to provide hostels reads as follows:—

> " Similar hostels will be established in other parts of the County as premises become available so as to provide suitable places of residence for homeless tuberculous men and women who do not need further immediate hospital treatment, and who may be fit to work, but who experience considerable difficulty on account of their disabilities in securing necessary home accommodation and supervision."

Experience gained from the demand for places in the hostel at Twickenham shows the need for this type of accommodation, particularly for the chronic ambulant case who is permanently unfit for employment. The majority of these patients are in an infectious state, and as a result have the greatest difficulty in finding and retaining suitable lodgings.

The value of hostels of this type is twofold:—

(*a*) Prevention of spread of infection. In the past these patients have either lived with relatives, many of whom have young children who are thereby exposed to risk of infection, or alternatively the patient, in order to obtain lodgings, has frequently avoided disclosing the nature of his disability.

(*b*) Hospital beds can be made available more quickly thereby cutting down the waiting time for admission of new cases whose disease is in the early stages. Early treatment in its turn reduces the period of infectivity.

In the absence of hostels these chronic cases who no longer require treatment occupy hospital beds considerably longer than is necessary because they have no home to which they can be discharged. The cost of hospital care is considerably greater than that of hostel accommodation. Returns received from the Regional Hospital Boards show the number of chronic cases in Middlesex that require segregation is at present approximately 100. The exact number who would, in fact, accept hostel accommodation is doubtful although experience so far has indicated that another hostel to accommodate approximately 20 men is needed.

The patients who need this service are mainly in the upper age groups. The rate of relapse, necessitating re-admission to hospital, is high, and it is felt that the hostels for the chronic tuberculous are in many ways comparable with the " halfway house " required in dealing with the problem of the aged. For this reason it is doubtful if the provision of hostels should rest entirely with the local health authority.

Mass Radiography.—This service comes under the control of the regional hospital boards. Four mass radiography units undertake work in different parts of the County. There has always been close contact between these units and the health department. The department is kept informed of the programmes of work and use is made of the mass radiography services for all Council staff to be given the opportunity of having an X-ray of the chest at regular intervals, particularly those who work in regular and intimate contact with young children. In Middlesex, it is a condition of appointment that such staff shall have a satisfactory X-ray report of chest before commencing employment, but subsequent examinations are voluntary. There is good reason to urge, particularly in the case of teachers, that an annual X-ray should be made compulsory.

The mass radiography units are most helpful in co-operating with the local chest physicians and medical officer of health in epidemiological investigations that are considered necessary.

Vaccination against Tuberculosis.—The Council's original scheme for the vaccination with B.C.G. of certain persons exposed to the risk of infection remains unchanged. Under the scheme vaccination is limited at present to known contacts of the disease who are Mantoux negative and exposed to the risk of infection. The majority are children living in households with known cases of active disease. No change is proposed for the time being and the result of the Medical Research Council's investigation on this subject is awaited with interest. The aim of this investigation is to collect evidence on the degree of protection against tuberculosis given by B.C.G. to school leavers. It is at present being undertaken in a number of areas in Middlesex, and the Council's school health staff in the areas have co-operated with the Research Council in this work.

The B.C.G. scheme in its present limited form has added considerably to the work of the staff at chest clinics because many visits to the clinic are needed to carry out the necessary preliminary tests on the children under observation. However, the experience gained to date will prove most helpful should the scheme be later enlarged to include all school leavers, if following investigation they are found to require protection before leaving the sheltered conditions of school life.

Loan of Nursing Equipment

Prior to the operation of the National Health Service Act the County Council had an arrangement with the British Red Cross Society whereby tuberculous patients being nursed at home were supplied on loan with articles of nursing equipment free of charge. Local district nursing associations and other voluntary organisations had arrangements for the loan of articles of nursing equipment to other patients being nursed at home.

Following the approval of the County Council's proposals under Section 28 of the National Health Service Act arrangements were made by the County Council for articles of nursing equipment

within reasonable and practicable limits to be available, on loan to all patients being nursed at home. This function was dealt with centrally and all applications received were considered, and where necessary the equipment was supplied on loan free of charge. Since the 1st November, 1951, following the approval by the Minister of Health of an amendment of the original proposals for a scheme for the loan of nursing equipment through the agency of voluntary organisations, the Middlesex branch of the British Red Cross Society has operated the scheme on behalf of the County Council. Details of the scheme may be found in my annual report for 1951 (page 24). The arrangements made have proved most satisfactory.

Recuperative Homes

Before the passing of the National Health Service Act the County Council arranged for the convalescence of in-patients and out-patients when recommendations for such cases were received from its own county general hospitals.

Following the approval of proposals under Section 28 of the National Health Service Act the County Council were empowered to provide accommodation in holiday and rest homes, &c., for any who could not be dealt with under other powers.

Convalescence is provided by the appropriate regional hospital boards as necessary, but it is found that recuperative care is needed for certain cases not in need of medical or nursing care and attention in order to complete recovery following illness. Recommendations for patients in this category are received from general practitioners, hospitals, chest physicians and voluntary associations in addition to those made by the County Council's own medical staff.

The demand for this service which has steadily increased since its inception is revealed by the following figures:—

Year	*No. of cases accepted*
5th July—31st December, 1948	332
1949	1,176
1950	1,652
1951	2,236
1952	2,335

DOMESTIC HELP

Each area has an organiser of home helps and as many assistant organisers as the size of the service justifies. The demand on the service has declined somewhat during the year. The actual number of staff employed in December, 1952, was 815 (equivalent full-time staff), 128 fewer than the previous year. In spite of this, 110 more cases received help. This implies a very careful deployment of staff, and a use of the service to meet the real essential need. There is approval under the County Council's proposals to recruitment up to the equivalent of 1,500 whole-time domestic helps. The charge in Middlesex is now 3*s*. per hour subject to reduction upon assessment in necessitous cases.

The cases which can be assisted are of course governed by the wording of Section 29 of the Act. In addition, the Council, within the scope of this section, has set up its own scheme of priorities. Acute emergency cases and accidents take first priority, then come maternity cases and cases of tuberculosis, and other illnesses and chronic cases are fitted in with as generous a provision as can be made.

When the domestic help scheme was first contemplated (and by most authorities that was during the war in accordance with powers given under Defence Regulation 68E) certain strong opinions were expressed that " running a domestic agency is no job for a Health Department." This cannot be said today. The Home Help Service is an essential adjunct to the other branches of the domiciliary health services, the midwifery service and the home nursing service and it inspires nowadays a spirit of service and devotion comparable with that in the nursing services themselves. It should never be allowed to fall into the province of the charwoman. The person supplied has to take as far as possible the place of the mother in the home, with all that it implies. This, at first sight the humblest of our services, should with training and tradition, come to command no less respect than is accorded to the older services.

HEALTH EDUCATION

The County Council supports the activities of the Central Council for Health Education to which it made a grant of £300 for the financial year 1952–53.

Chief reliance in this sphere is still placed upon the personal health education carried out by the County Council's field staff. This basic education in health is supported by posters and leaflets in clinics and other suitable places and by lectures, sometimes illustrated with film strips, given in infant welfare clinics, in schools to parent teachers associations and other bodies. The Health Department has a panel of lecturers in various subjects so that it is usually possible to meet any request for a lecture which may be received. Films are obtained from many and varied sources and I am particularly indebted to the American Embassy for their help in this matter. Articles on health matters appear from time to time in the local Middlesex press and Dr. Clunie Harvey, Area Medical Officer, Area No. 2, has a regular column in his local newspaper devoted to health education.

The County Council has on hire 10 topic stands from the Central Council for Health Education and the excellent display material on these stands is exchanged from time to time.

There is a cinema projector available for the showing of 16 mm. sound films and this together with an operator, if necessary, may be loaned to any of the local health areas.

No specific campaign has been undertaken in regard to accidents in the home though posters are displayed on this subject and leaflets are made available. An investigation into accidents in the home is, however, taking place in the Willesden area with the help of the local hospital casualty departments and of the general practitioners in the area, and no doubt this will have, indirectly, a considerable health education value.

MENTAL HEALTH

ADMINISTRATION.—The functions of the Health Committee relating to the Mental Health Service are referred to the Mental Health Sub-Committee. These functions are administered centrally, except for the day-to-day administration of the occupation centres in areas 3 and 6 which was delegated to the respective local area (health) committees in March, 1952, for an experimental period of twelve months.

The following professional and administrative staff are employed in the mental health service:—

Designation	*Establishment*	*Qualifications and Remarks*
Principal Medical Officer	1	(Vacant at close of year.)
Senior Medical Officer	1	M.R.C.S., L.R.C.P., D.P.H.
Temporary Assistant Medical Officer (until appointment of principal Medical Officer is made)	1	(Six sessions per week), M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M.
Psychiatric Social Workers	2	One Diploma of Social Science—P.S.W. certificate. One Diploma of Social Science.
Mental Welfare Officers (duly authorised)	26	Divisional officers—five all qualified lunacy sections of Relieving Officers certificate. Other officers—21—five only as above.
Lady Supervision Officers	4	—
Occupation Centre Supervisors	7	Three unqualified, one qualified by experience, two diploma of N.A.M.H., one Association of Occupation Therapists.
Assistant Occupation Centre Supervisors	14	All unqualified.
Hayes Industrial Centre Instructors ...	2	Instructor—one unqualified, Assistant instructor—one R.M.P.A., A.M.A.O.T.

CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS AND HOSPITAL MANAGEMENT COMMITTEES.—The mental welfare officers and lady supervision officers carry out the general supervision of patients on licence from institutions on behalf of the hospital management committees while the medical officers undertake their medical supervision. As most of the mental deficiency institutions receiving Middlesex patients are situated outside the County the management committees rely almost entirely for the supervision of these patients upon the reports of the local health authority's officers; close co-ordination is thus obtained.

The relative urgency for admission of patients on the waiting lists of regional hospital boards for institutional vacancies is one which has involved many difficulties both for the local health authority and the boards themselves. Arrangements have been made for the medical officers of the local health authority to confer periodically with the regional psychiatrists and physician superintendents concerned in order that the position may be jointly reviewed from time to time.

DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.—On the passing of the National Health Service Act, the duties under Section 28 of that Act for the care and after-care of persons suffering from mental illness were carried out on behalf of the County Council by the National Association for Mental Health, to whom a financial grant was made. During 1952, however, it was decided that this arrangement should be terminated at an early date.

Therapeutic Social Clubs.—During 1951, the Institute of Social Psychiatry which operates a number of therapeutic social clubs and a rehabilitation centre, up to then all situated outside the County boundaries, approached the County Council for financial assistance with regard to Middlesex patients who were attending at these clubs and centres. Such clubs meet weekly and are encouraged to be run by mental patients for themselves, with a psychiatrist who can be in attendance to give friendly advice and help. The County Council has agreed to pay for patients attending the clubs and centres of the Institute of Social Psychiatry, although it is intended that therapeutic social clubs will ultimately be operated by the local health authority under its direct administration. The Minister of Health therefore approved a proposal by the County Council to amend its scheme under

Section 28 of the National Health Service Act whereby the Council was authorised to make contributions based on a patient-attendance basis to suitable voluntary organisations providing therapeutic social clubs or rehabilitative occupational therapy centres for Middlesex patients approved by the County Medical Officer of Health. Pending consideration of the provision of such clubs by the Council itself, an agreement was therefore entered into with the Institute of Social Psychiatry on the lines above-mentioned, and there have been numerous proofs of the value that attendance at these clubs have been to the ex-patients for whom they are provided.

Training of Staff.—Arrangements have been initiated for the training of staff as follows:—

Mental Welfare Officers (*duly authorised*).—Courses of lectures by principal medical officers, by National Association for Mental Health and arrangements for mental welfare officers to spend a week in attendance at a mental deficiency institution.

Occupation centre supervisors and assistant supervisors.—Courses of lectures by National Association for Mental Health.

In view of the difficulty experienced in recruiting staff who possessed the diploma of the National Association for Mental Health and the desirability of staff possessing this diploma to ensure as far as possible a uniformly high standard, the position was investigated. It was found that one of the biggest difficulties was that the diploma could be obtained at present only after completion of a year's full-time course and accordingly steps were taken by the County Council's medical staff to endeavour to overcome this. As a result, arrangements have now been made whereby unqualified occupation centre staff whilst continuing their ordinary duties will be able to attend a course of instruction in the evenings and during the vacations which will enable them to take the examination for the diploma at the end of the course.

Work Undertaken in the Community—

(*a*) Under Section 28, National Health Service Act, 1946.

As stated above the work in connection with care and after-care of mentally ill persons up to the close of 1952, was carried out by the National Association for Mental Health. The County Council's scheme provides for an ultimate establishment of five psychiatric social workers on the staff of the County's mental health service who will carry out this work. It was foreseen that there would be considerable difficulty in immediately attracting fully qualified psychiatric social workers, but towards the end of 1952, two appointments were made, one of a fully qualified psychiatric social worker and the other of a social worker who had been receiving special training in psychiatric work. The two new appointees have been allotted, one to the Central Division, covering Harrow, Wembley, Willesden and Acton, and the other to the West Central Office to work in Brentford, Chiswick, Heston, Isleworth and Twickenham. Because of the dearth of trained psychiatric social workers, it is not yet possible for the whole of the County to be covered by this service. Urgent cases, especially direct referrals from the mental hospitals serving the three unstaffed divisions, are dealt with by the two present psychiatric social workers.

The work of the psychiatric social workers is based on the divisional offices and this has proved advantageous in saving time in travelling, in affording greater opportunity for personal contact with the patients' family doctors, mental welfare officers, and other social workers in the community. It is helpful to the patients also because they are more inclined to keep in touch when the psychiatric social worker is located nearer their homes.

The success of a project such as this depends largely on the acceptance and co-operation of the mental hospitals serving each of the divisions. This is dependent on the organisation of the respective hospital psychiatric social work departments, and it is interesting to note that in the few months this service has been in operation, the two hospitals so far concerned have adopted different attitudes. The referral of cases to the two psychiatric social workers has, therefore, varied in origin and the growth of the after-care service has developed somewhat differently in the two areas, in that one psychiatric social worker is receiving the greater percentage of referrals from, and is working in the closest co-operation with the mental hospital, receiving the benefits of discussion with the psychiatrists who have treated the patients; whilst the other psychiatric social worker although she has had a few referrals from the mental hospital, has received most from co-operation with other social workers outside the hospital, but within that particular area. The ideal development of the work, would be a combination of both these approaches and it will, no doubt, come with time. This type of work is very dependent on personal contact and community acceptance of the value of the work being done, and it will need experiment and modification before the best basis for development is achieved. One of the difficulties in the future will be the selection by the psychiatric social workers of the cases most in need of, and most likely to benefit from the service. The last few months have shown that there is considerable scope for this type of work and it seems likely that in future more referrals than one psychiatric social worker to a division can competently cope with, will ultimately result. In the past nine months approximately 200 cases have been referred to the two divisional psychiatric social workers and some of these cases have needed as many as 20 individual and collateral interviews.

The work so far done has concentrated mainly on the after-care of the psychiatric cases which have come under the Lunacy and Mental Treatment Acts. This involves helping people who have received psychiatric treatment either as an in-patient in a mental hospital or as an out-patient at a psychiatric out-patient clinic. The psychiatric social workers have been instrumental in assisting

in the resettlement in the community of patients who have been discharged from hospital either recovered or relieved. This work very often involves help through other agencies in obtaining employment, accommodation and financial assistance. A very important part of resettlement of a patient is the encouragement which a patient may need, in accepting that he or she is not likely to be penalised nor ostracized as a result of mental illness. The family too, often needs support, understanding and guidance to help them accept and appreciate the difficulties of the patient and those things which, perhaps, appear as eccentricities but which are sometimes abating symptoms of a relieved condition.

There are, too, instances when relatives need help with and understanding of the difficulties which face them as a result of a patient's mental illness and abnormal behaviour. There are some psychiatric cases, who cannot benefit from hospital treatment and who present a problem of social nuisance. The community worker often acts as a " buffer " in interpreting to other social agencies and at the same time helping the patient to avoid those situations which produce difficult social behaviour. Mental illness raises fears and anxieties which can result in a great loss of confidence to a patient and which too, can greatly affect the attitudes of relatives. Community interpretation of mental illness, mental hospital and psychiatric treatment, is a phase of after-care work in the community. The community psychiatric social worker in co-operation with one of the hospitals has assisted in manipulating home and social conditions sufficiently to enable a few chronic patients, whose condition is considered dangerous neither to themselves nor others, to live satisfactorily outside hospital. This work entails considerable effort on the part of the psychiatric social worker and frequent home visiting when the patient is first discharged. It has, however, proved very satisfying and successful, as not only has it resulted in the improvement of patients' conditions, but also has relieved the bed position of the hospitals.

The psychiatric social worker in one division has assisted in a small way in a follow-up research project into the results, three years later, of a certain type of treatment. This has been invaluable experience to the community psychiatric social worker as it has afforded an opportunity to observe certain social conditions either conducive to, or unsuitable for, resettlement in the community.

The pre-care work very often involves the referral to the psychiatric social worker of people in the early stages of mental illness and their ultimate referral to the right quarter for diagnosis and treatment. There are some cases of emotional disharmony when a person may need only the opportunity for discussion of the problem which can be resolved with the aid of a sympathetic listener who is able to offer understanding and support. Also in pre-care, assistance may be of value to those cases admitted to an observation ward but which do not come under the Lunacy and Mental Treatment Act for certification, and who refuse to accept voluntary status treatment, only to return to difficult environmental circumstances which may have precipitated their mental symptoms. Psychiatric social work in this sphere could be of value, but as yet there have not been opportunities to explore it fully.

In the field of preventive care, recent psychological theories have made possible a better understanding of the development of mental illness. One, in particular, of these theories places considerable emphasis on the desirability of a satisfactory " mother-child " relationship in the early formative years of a child's development. Community psychiatric social work could be of value in preventive work in co-operation with medical staff and health visitors of infant welfare centres. This type of psychiatric social work demands, however, considerable experience on the part of the psychiatric social worker and an aptitude as well as a personality suited to such work. It is, too, very time-consuming and to be accomplished successfully would demand an extension of the service with an increase in the present planned establishment of five psychiatric social workers to the County. It can sometimes prove difficult for one psychiatric social worker to combine at the same time the approach, understanding and knowledge necessary for work in the adult field with that required for preventive work in infant welfare centres.

Although the service is in its infancy it is already apparent that there is a pressing need for community care in the mental health field.

Another direction in which the County Council's activities under Section 28 of the National Health Service Act have been appreciably widened during 1952 is in the arranging of short term holidays for mentally defective children. This is frequently an urgent need from the point of view both of the child and of his family. It is usually not possible for parents to take a child to a hotel or boarding house and in any case a holiday with a defective would be no break for the family. Moreover, domestic emergencies, *e.g.*, the illness or confinement of the mother may render it necessary that the defective child should be provided with care for a short term, and the Minister's circular 5(52) expanded the conditions under which such cases could be dealt with under Section 28, and also approved of their admission to regional hospital board institutions for temporary periods. During the year 1952, 29 patients were so dealt with from a total of 78 applications, but considerable difficulty is experienced in obtaining vacancies in suitable homes and the need for a short term holiday home, open all the year round, for the reception of such cases is pressing, particularly in view of the fact that the length of the urgent waiting list for permanent vacancies in institutions often necessitates a long delay before parents can be relieved from the strain of caring for a difficult defective child at home.

(*b*) Under Lunacy and Mental Treatment Acts, 1890–1930.—That part of the mental health service dealing with the statutory work under these Acts was, in July, 1948, organised on an

area basis coinciding with the 10 local health areas for other health services provided by Part III of the National Health Service Act. Direction of this service was administered from the central office. Twenty-seven mental welfare officers (duly authorised) were appointed and allocated to the 10 areas. During 1952, the whole area structure was carefully reviewed in the light of experience which had been gained during the four years of operation, and also having regard to the plans for an extension of psychiatric social work in the community. It was decided to re-organise the structure and the County was divided into five " divisions " based on the catchment areas of the mental hospitals serving the County. It was considered that such a re-arrangement would be advantageous in that it would give the mental welfare officers of each division a better opportunity of working closely with their catchment hospitals and avoid a certain amount of overlapping due to the fact that in the past one catchment hospital served, in some cases, two or more areas and vice versa. The County Council decided to effect this re-organisation by gradually reducing the establishment of mental welfare officers by normal wastage to 24 and at the same time increasing the establishment by the addition of five psychiatric social workers. It was decided that the complete establishment of psychiatric social workers should be built as and when the mental welfare officers surplus to the new establishment retired or left the service. The re-organisation was carried into effect from the 3rd November, 1952.

(*c*) Under Mental Deficiency Acts, 1913–1938—

(i) *Ascertainment and supervision of defectives.*—New cases of suspected mental deficiency are reported to the department from a variety of sources including other local health authorities; local education authorities; local children's authorities; the judiciary; moral welfare workers and almoners; general practitioners; hospitals; and voluntary organisations.

The procedure is for a medical officer to visit the home and this initial domiciliary visit is of the utmost importance not only to arrive at an accurate medical diagnosis and assessment, but also to win the confidence of the parents so that all possible help and guidance may be given to them and accepted in future years. A large proportion of such ascertained cases are then placed under the statutory supervision of the County Council and the mental welfare officers visit their homes from time to time to give any necessary advice to the parents and to report on the patient's progress to the Principal Medical Officer. Female patients and children of both sexes under 10 years of age are supervised by the four lady supervision officers.

Every encouragement is given to the parents of young defective children to continue caring for them in the community because it is felt that these children need the love, care and security afforded by family life no less than does the normal child. Should a situation arise, however, which makes it impossible or inadvisable for the child to remain at home, the question of guardianship is considered or if that step seems inappropriate then application is made to the regional hospital board for a vacancy in an institution. If, during the course of supervision, it is considered necessary for any reason that the patient should be sent away from home for a short term, arrangements are made as already indicated.

During the last few years Parents' Associations have been formed throughout the County, in most cases in connection with the local occupation centres, and these have proved an invaluable channel through which both the medical and lay staff can disseminate the principles of mental health to the community as well as enabling parents of mentally defective children to make friends with other parents with similar problems.

(ii) *Guardianship.*—Prior to the passing of the National Health Service Act, numbers of patients were placed under guardianship orders in the care of their own parents in order that financial grants could be made to the parents to assist them in the maintenance of a patient who is an unproductive member of the family, or to provide for domestic expenditure which arises from the patient's mental defectiveness. Shortly after the Act came into operation, however, the National Assistance Board agreed to take over the maintenance allowances in respect of patients over 16 years of age, it being agreed that the County Council would continue to give supplementary payments in respect of special expenses which arose as a direct result of the patient's mental condition.

Many defectives who cannot for various reasons be properly looked after in their own homes may often be cared for quite adequately in the community if placed with suitable guardians or foster-parents and the County Council has for a long time had an agreement with the Guardianship Society, Brighton, through which a considerable number of patients have been successfully placed with experienced guardians. Efforts are being made to find further suitable private guardians, as it will be appreciated that the alternative is usually admission to an institution, and not only is the maintenance cost under guardianship considerably less than institutional charges, but this helps to ease the position of an already very long waiting list of patients urgently requiring institutional accommodation.

(iii) *Occupation and training of defectives.*—The County Council had, some time before the passing of the National Health Service Act, approved a scheme for the provision of 11 occupation centres in suitable districts where patients could attend daily, and prior to the 5th July, 1948, centres had been opened at Wealdstone, Twickenham, Tottenham and Brentford. In 1949, a further centre was opened at Uxbridge and in 1951, the Tottenham occupation centre was transferred to Hornsey. In 1952, centres were opened at Willesden and Enfield. In March, 1952, a new centre was opened at Belton Hall, Bertie Road, Willesden, which was purchased by the County Council; this centre

provides 30 new places in a district where the need was very great. As the catchment area is small and well served by public transport, it was not found necessary to provide coaches to take the children to the Centre.

The second centre was opened on the 1st December, at St. Matthew's Church Hall, Lincoln Road, Enfield. These premises are leased from the local church authorities and provide places for 30 children; coach transport to the centre has been arranged in co-operation with the Education Committee, and school buses are used for this purpose.

On the 14th September, the Hornsey occupation centre, which had previously been situated at the British Legion Hall, Crouch End, was transferred to much more suitable premises at the Methodist Church Hall, Lightfoot Road, Hornsey. Church halls do not, as a rule, make very good occupation centres, but this building is a modern one with several excellent class rooms, and provides highly satisfactory accommodation for 65 children.

The places available at these centres are as follows:—

	Places.
Wealdstone	72
Twickenham	60
Hornsey	65
Brentford	75
Uxbridge	36
Willesden	30
Enfield	30

In view of the wide catchment areas served by occupation centres, arrangements have been made, where necessary, to provide coach transport to and from the centres, and on these journeys the children are in the care of a coach guide. All the centres provide a hot midday meal, in some cases supplied by the School Meals Service and in the others prepared at the centres themselves. Free milk is also distributed. Training is given in all branches of handwork; simple domestic duties; games; dancing; singing; speech training and group activities. Annual medical examinations have been instituted for all children at the centres. It is not at present possible as the law stands to make available officially the school medical and dental services for these children.

The provision of daily occupation centres is very much appreciated by the parents who are at least assured of a few hours respite for five days of the week during school term time. The opening of further occupation centres which will be able to absorb the children remaining on the waiting list is regarded as a matter of urgency, but progress is hampered by the great difficulty of obtaining suitable premises. Negotiations are in progress whereby it is hoped that at least two more centres can be opened in the coming year.

In October, 1951, the first industrial workshop or adult training centre was opened at Hayes for 30 male defectives over the age of 16. The lads are taught woodwork, leathercraft and plastic work, and in a very short time turned a wild piece of ground into a useful flower and vegetable garden, the produce of which is disposed of to a children's day nursery nearby. The experiment has proved so successful that it is hoped to open a similar adult industrial centre in another part of the County in the near future.

(iv) *Holiday Camp.*—In September, 1951, arrangements were made for a party of 111 mentally defective children from the occupation centres to be taken to Dymchurch for a week's holiday camp. The venture was such an undoubted success that it was decided to make this an annual event. 114 children were taken to the same camp from the 23rd May to 6th June, 1952. They were accompanied by 15 members of the occupation centre staff and several volunteers, the whole party being in charge of Dr. Fidler. The camp was again a great success and gave much happiness and benefit to all of the children who attended, and it is an event for which the parents concerned are very grateful and appreciative. Much thanks are due to the kindness and co-operation of the directors and resident staff of the holiday camp.

The statistical record of the work carried out during the year will be found in Tables 36 to 40 inclusive in the Appendix to this report.

CIVIL DEFENCE AMBULANCE SERVICE

During the year under review the Senior Ambulance Officer and Deputy Senior Ambulance Officer were seconded from the County Health Department to the peace-time ambulance service, where they have been engaged for the greater part of their time on duties connected with the peace-time service.

A number of redundant ambulances were acquired from the peace-time service for civil defence ambulance training and when in use during the past year helped considerably in stimulating recruiting. The inflow of recruits to the civil defence ambulance section has been very encouraging.

Large numbers of ambulance volunteers completed their basic and full first aid instruction and commenced their ambulance sectional training; and a scheme for driving instruction—on old ambulances—for learner drivers was introduced and provided a number of qualified drivers.

Some 500 members of the peace-time ambulance service were trained in basic civil-defence duties. In addition, superintendents in charge of peace-time ambulance depots attended a special course where they were trained as instructors in civil defence basic training.

At the end of the year the training position for the civil defence ambulance section was:—

Approved peace-time Establishment.	*Recruited Strength.*	*Undergoing basic C.D. Training.*	*Undergoing full First-Aid Training.*
2,386	1,776	1,032	582

In the event of emergency the peace-time ambulance service will be separated from the fire service and therefore particular attention has been given, by the Senior Ambulance Officer, to the training of civil defence ambulance volunteers in the ordinary day-to-day work of the peace-time ambulance service.

PUBLIC HEALTH ACT, 1936

Nursing Homes

The County Council is the Authority responsible for the registration and supervision of nursing homes throughout the County with the exception of the Borough of Ealing. Routine visits are carried out by authorised inspectors of the area health staff and in addition five special inspections were made by one of the principal medical officers.

Three new homes were registered during the year. At the end of the year there were 63 homes on the register as against 70 at the end of 1950. The number of beds available for maternity cases was 75 as against 81 the previous year.

NURSES' ACT, 1942—PART II

Nurses Agencies

There were 11 Nurses Agencies in existence at the end of 1952, and 19 visits were paid during the year. On the whole the agencies were well conducted and no special action was called for.

INSPECTION AND SUPERVISION OF FOOD

Milk Production and Distribution.—The Milk (Special Designation) (Specified Areas) Order, 1941, made under Section 23 of the Foods and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, specified, as from the 1st October, 1951, the Administrative County of Middlesex as an area within which all milk sold by retail for human consumption (other than catering sales), must be specially designated milk, *i.e.*, sterilised, pasteurised, tuberculin tested or accredited milk from a single herd.

At the end of 1952, 116 farmers and farms were registered under the Milk and Dairies Regulations 1949 and 57 " Tuberculin Tested " and 21 " Accredited " licences were held by farmers in the County of which five " Accredited " and nine " Tuberculin Tested " licences were first issued during the year. Forty-eight of the herds belonging to holders of " Tuberculin Tested " licences were also attested under the Scheme of the Ministry of Agriculture and Fisheries. Forty-three licences were issued by the County Council during the year under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations 1949.

Local authorities still retain powers connected with milk production in so far as they relate to diseases communicable to man. An important aspect of this work which is carried out by the County Council is the sampling of milk with a view to examination for the presence of tubercle bacilli. Samples of milk are taken by inspectors of the Public Control Department either in course of retail or at the farms of origin, when these are situated in Middlesex, and submitted to examination in the pathological laboratory of Harefield Hospital. The following tables shows the results which have been obtained for each of the last 10 years:—

Year.	Number of samples for which a definite result was obtained.	Number containing living tubercle bacilli.	Percentage of tubercle infected milk.
(1)	(2)	(3)	(4)
1943 (May to December)	256	4	1·6
1944	384	17	4·4
1945	376	8	2·1
1946	391	17	4·3
1947	352	10	2·8
1948	384	12	3·1
1949	384	3	0·7
1950	384	3	0·7
1951	384	3	0·7
1952	385	3	0·7

Of the three infected milk samples enumerated in the foregoing table, two were produced in Middlesex and one in Oxfordshire. A diseased animal was traced at one of the farms in Middlesex and the cow was slaughtered.

The routine veterinary inspection of Middlesex herds is carried out by the Ministry of Agriculture. The Divisional Inspector of the Ministry furnishes the County Council with information as to the results of veterinary inspections and tuberculin tests of Middlesex herds. The figures for the past six years are set out in the table below:—

Year.	Number of Clinical Examinations of Bovine Animals.	Number found in which Tuberculosis was suspected.	Number Slaughtered.	Number in which Diagnosis was not Confirmed.
(1)	(2)	(3)	(4)	(5)
1947	2,635	8	7	1
1948	5,486	9	8	1
1949	6,172	5	5	—
1950	2,163	5	5	—
1951	3,832	7	7	—
1952	4,038	2	2	—

It will be noted that there was an increase in the number of clinical examinations carried out during the year, although the number is substantially below that for the years 1948 and 1949. Tuberculous animals will be found almost entirely in those herds which are neither tuberculin tested nor attested. With the increasing number of herds in the latter two categories the number of clinical examinations necessary will tend to diminish.

Milk (*Special Designations*) (*Pasteurised and Sterilised Milk*) *Regulations*, 1949.—The sampling of milk under the above regulations is in the hands of the Public Control Department of the County Council. The following table sets out the results obtained from samples taken during the period 1st January to 31st December, 1952.

Description.	Passed.	Failed.	No Test Applied.	Number Examined.
(1)	(2)	(3)	(4)	(5)
Pasteurised and tuberculin tested pasteurised—				
Phosphatase test	1,700	22	—	} 1,722
Methylene blue test	1,371	26	325	
Sterilised—				
Turbidity test	160	—	—	160
		Total		1,882

Failures to comply with the prescribed tests were investigated by officers of the Public Control Department and steps were taken to prevent a recurrence.

Adulteration of Food.—The Acts and Regulations dealing with adulteration of food and drugs are administered by the Public Control Department of the County Council. I am indebted to Mr. J. A. O'Keefe, B.Sc. (Econ.), LL.B., Barrister-at-Law, Chief Officer of that Department, for information regarding this branch of work.

Food and Drugs Acts, 1938–1950.—During the year 1952, the officers of the Public Control Department procured a total of 8,484 samples of foods and drugs of which 4,304 were milk and 4,180 were samples other than milk. Samples incorrect totalled 574. Sixty-eight summonses under the Food and Drugs Act, 1938 were issued against offenders, which include 33 summonses for passing-off one kind of fish for another;12 for selling adulterated milk; eight for selling adulterated spirits and seven for selling non-brewed condiment as vinegar.

A large number of inspections under the Labelling of Food Orders and the Merchandise Marks Imported Food Orders were made during the year. There were eight prosecutions for failing to label tomatoes or apples displayed for sale, with an indication of origin; and 20 summonses for applying by label a false description to foodstuffs exposed for sale, contrary to the Merchandise Marks Act, 1887.

The licensed dealer-processors of heat-treated milk are all regularly inspected and 1,882 samples of pasteurised or sterilised milk were procured of which 46 failed the prescribed tests. No prosecutions were instituted for these failures but where appropriate, official cautions and/or advice were given.

385 samples of raw milk were procured for T.B. tests at Harefield Hospital.

VISITORS.

In addition to individuals coming from the United Kingdom visitors came to study the County Council's health services during the year from every continent of the globe, the countries represented including Australia, Canada, India, Pakistan, Sweden and West Africa. The principal object of interest was the Tottenham Rehabilitation Workshop for the tuberculous, which as a pioneer venture in this field appears to have attracted universal interest.

APPENDIX

STAFF

County Medical Officer of Health and School Medical Officer:

A. C. T. Perkins, *M.C.*, M.D., B.S., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer:

G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officers:

J. F. Macgregor, L.R.C.P., L.R.C.S., D.P.H.

Mrs. E. J. Madeley, M.B., Ch.B., D.P.H., D.M.R. & E.

Miss D. Taylor, M.A., M.B., B.S., L.R.C.P., M.R.C.S., D.P.H.

Chest Physicians:

(Joint appointments by County Council and Regional Hospital Boards.)

Miss B. A. Butterworth, M.B., M.R.C.P., M.R.C.S.

J. Vernon Davies, *M.C.*, M.D., M.B., B.S., M.R.C.P.

R. Heller, M.D.

H. Climie, M.D., Ch.B., D.P.H.

T. A. C. McQuiston, M.D., M.B., D.P.H.

R. Grenville-Mathers, M.A., M.B., B.Chir., Ph.D.

J. T. Nicol-Roe, M.D., Ch.B., D.P.H.

C. H. C. Toussaint, M.R.C.S., L.R.C.P., D.P.H.

H. J. Trenchard, M.B., Ch.B., M.R.C.P.

Senior Medical Officer—Mental Health:

Miss R. D. Fidler, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer—London and Northolt Airports:

L. H. Thomas, M.R.C.S., L.R.C.P.

Chief Dental Officer:

J. V. Bingay, *M.B.E.*, L.D.S.R.C.S.

Special Services Almoners:

Miss D. Myer.

Miss I. B. Munro (Assistant Almoner).

Area No. 1

Joint Area Medical Officers:

W. D. Hyde, M.B., Ch.B., D.P.H.

D. Regan, B.A., B.Sc., M.B., Ch.B., D.P.H.

Area Dental Officer:

E. Underhill, L.D.S.R.C.S.

Area No. 2

Joint Area Medical Officers:

W. C. Harvey, M.D., D.P.H.

M. Manson, *M.C.*, *G.M.*, M.A., M.D., D.P.H. (Retired 5-5-52)

Area Dental Officer:

G. S. Williams, L.D.S.R.C.S.

Area No. 3

Area Medical Officer:

G. Hamilton Hogben, M.R.C.S., D.P.H.

Area Dental Officer:

V. Sainty, L.D.S.R.C.S.

Area No. 4

Joint Area Medical Officers:

A. F. Adamson, M.D., D.P.H.

A. A. Turner, *M.C.*, M.D., D.P.H.

Area Dental Officer:

K. C. B. Webster, L.D.S.R.C.S.

Area No. 5

Area Medical Officer:

Caryl Thomas, M.D., B.Sc., D.P.H., Barrister-at-Law.

Area Dental Officer:

A. G. Brown, L.D.S.R.C.S.

Area No. 6

Joint Area Medical Officers:

E. Grundy, M.D., D.P.H.

S. Leff, M.D., D.P.H., Barrister-at-Law.

Area Dental Officer:

Miss A. S. Stewart, L.D.S. (U.St.And.).

Area No. 7

Joint Area Medical Officers:

W. G. Booth, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

G. E. B. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Area Dental Officer:

A. H. Millett, L.D.S.R.C.S.

AREA No. 8

Area Medical Officer:

O. C. Dobson, M.D., D.P.H., D.P.A., Barrister-at-Law.

Area Dental Officer:

G. M. Davie, L.D.S.R.F.P.S.(Glas.).

AREA No. 9.

Area Medical Officer :

A. Anderson, M.D., D.P.H.

Area Dental Officer :

E. E. Lewis, L.D.S. U.Brist.

AREA No. 10.

Area Medical Officer :

J. Maddison, M.D., B.S., D.P.H.

Area Dental Officer:

O. H. Minton, L.D.S. U.Brist.

County Council Establishments of :—

Area Medical Officers	10
Deputy Area Medical Officers	10
Senior Assistant Medical Officers	10
Assistant Medical Officers...	89
Senior Airport Medical Officer	1
Airport Medical Officers	5
Area Dental Officers	10
Specialist Dental Officers	3
Orthodontists	13
Dental Officers	87
Dental Attendants...	129
Area Superintendent of Home Nurses and Non-Medical Supervisor of Midwives	10
Nurses Home Superintendents	4
District Midwives	213
Home Nurses	300
Area Superintendent Health Visitors	10
Deputy Superintendent Health Visitor	1
Health Visitors and School Nurses	346
Tuberculosis Visitors	42
Home Help Organisers	10
Home Helps	1,250
Chest Clinic Welfare Officers	9
Chest Clinic Assistant Welfare Officers	7

Rehabilitation Workshops—Tottenham :

Supervisor/Instructor—W. R. Osment.

Mother and Baby Homes :

Amherst Lodge, Ealing.—Matron—Miss F. M. Dilley, S.R.N., S.C.M.

Belle Vue, Willesden.—Matron—Miss W. M. Byford, S.R.N., S.C.M.

Statistical Tables

Table I

Acreage and Population

Boroughs and Urban Districts.	Acreage.	Census population.			Registrar General's estimated home population, June, 1952.	Number of separately rated dwellings, 1st April, 1952.	Average number of persons per dwelling.
		1921.	1931.	1951. (*a*)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Acton (Borough) ...	2,319	60,817	70,008	67,424	68,190	17,958	3·8
Brentford and Chiswick (Borough) ...	2,332	58,499	63,217	59,354	59,970	15,501	3·9
Ealing (Borough) ...	8,781	90,312	116,771	187,306	187,000	50,092	3·7
Edmonton (Borough)	3,895	66,807	77,658	104,244	102,600	27,892	3·7
Enfield	12,399	60,464	67,752	110,458	109,700	29,841	3·7
Feltham	4,925	11,392	16,066	44,830	46,560	11,657	4·0
Finchley (Borough)	3,478	46,628	59,113	69,990	70,290	19,322	3·6
Friern Barnet ...	1,340	17,137	22,715	29,164	28,330	7,379	3·8
Harrow	12,559	49,020	96,656	219,463	219,000	62,111	3·5
Hayes and Harlington	5,160	9,042	22,969	65,608	65,240	17,249	3·8
Hendon (Borough) ...	10,369	57,566	115,640	155,835	156,400	42,005	3·7
Heston and Isleworth (Borough)	7,218	47,463	76,254	106,636	105,600	28,084	3·8
Hornsey (Borough) ...	2,872	87,632	95,416	98,134	99,140	23,999	4·1
Potters Bar	6,129	3,222	5,720	17,163	16,970	4,981	3·4
Ruislip-Northwood ...	6,583	9,112	16,035	68,274	71,220	19,955	3·6
Southall (Borough) ...	2,606	30,165	38,839	55,900	55,430	14,010	4·0
Southgate (Borough)	3,763	39,525	56,063	73,376	72,480	21,080	3·4
Staines	8,273	17,060	21,336	39,983	39,910	10,570	3·8
Sunbury	5,608	9,904	13,451	23,396	23,820	6,567	3·6
Tottenham (Borough)	3,013	146,726	157,667	126,921	125,800	29,277	4·3
Twickenham (Borough)	7,013	69,948	79,299	105,645	106,500	28,807	3·7
Uxbridge	10,240	20,626	31,887	55,944	55,320	14,646	3·8
Wembley (Borough)...	6,290	18,239	65,799	131,369	130,100	37,114	3·5
Willesden (Borough)	4,635	165,742	185,025	179,647	180,400	43,598	4·1
Wood Green (Borough)	1,607	50,791	54,308	52,224	52,080	13,914	3·7
Yiewsley and West Drayton	5,277	9,163	13,066	20,488	21,950	5,287	4·2
The County ...	148,684	1,253,002	1,638,728	2,268,776	2,270,000	602,896	3·8

(*a*) Provisional figures.

Table 2

Birth Rate

Year. (1)	Live birth rate per 1,000 estimated mid-year population.		
	Middlesex. (2)	London. (3)	England and Wales. (4)
1946	19·4	21·2	20·2
1947	19·6	21·8	21·1
1948	16·1	18·2	18·1
1949	14·9 (13·9)	16·8 (15·3)	16·9
1950	13·9 (12·8)	15·6 (14·2)	15·9
1951	13·4 (12·3)	15·6 (14·0)	15·5
1952	13·4 (12·3)	17·6 (15·8)	15·3

Notes.—Rates for the years 1946–49 are based on civilian population.

Rates for 1950–1952 are based on home population.

Figures in brackets represent rates, adjusted for valid area comparisons by Registrar General's comparability factors.

The rates for 1952 are provisional and subject to correction.

TABLE 3.

VITAL STATISTICS, 1952—HEALTH AREAS.

Health Areas.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Health Areas.
		Live.			Still.			Total.									
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Area 1	212,300	2,699	85	2,784	52	1	53	2,751	86	2,837	13·1	18·7	2,053	9·7	48	17·2	Area 1
Area 2	169,860	1,938	72	2,010	44	2	46	1,982	74	2,056	11·8	22·4	1,943	11·4	41	20·4	Area 2
Area 3	224,940	2,951	146	3,097	59	4	63	3,010	150	3,160	13·8	19·9	2,567	11·4	59	19·1	Area 3
Area 4	226,690	2,806	128	2,934	50	8	58	2,856	136	2,992	12·9	19·4	2,380	10·5	52	17·7	Area 4
Area 5	219,000	2,736	119	2,855	49	4	53	2,785	123	2,908	13·0	18·2	1,920	8·8	62	21·7	Area 5
Area 6	310,500	3,876	256	4,132	85	8	93	3,961	264	4,225	13·3	22·0	3,067	9·9	99	24·0	Area 6
Area 7	255,190	3,246	182	3,428	68	4	72	3,314	186	3,500	13·4	20·6	2,592	10·2	71	20·7	Area 7
Area 8	213,730	3,064	143	3,207	62	9	71	3,126	152	3,278	15·0	21·7	1,631	7·6	76	23·7	Area 8
Area 9	221,000	2,659	137	2,796	53	3	56	2,712	140	2,852	12·7	19·6	2,260	10·2	52	18·6	Area 9
Area 10	216,790	3,005	170	3,175	49	5	54	3,054	175	3,229	14·6	16·7	2,066	9·5	75	23·6	Area 10
THE COUNTY ...	2,270,000	28,980	1,438	30,418	571	48	619	29,551	1,486	31,037	13·4	19·9	22,479	9·9	635	20·9	THE COUNTY

Table 4.

Vital Statistics, 1952—Sanitary Districts.

Sanitary district.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Birth comparability factor.*	Adjusted birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Death comparability factor.*	Adjusted death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Sanitary district.
		Live.			Still.			Total.													
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Acton	68,190	916	54	970	22	1	23	938	55	993	14·2	0·93	13·2	23·2	744	10·9	1·00	10·9	18	18·6	Acton.
Brentford and Chiswick ...	59,970	802	50	852	11	1	12	813	51	864	14·2	0·92	13·1	13·9	676	11·3	0·96	10·8	15	17·6	Brentford and Chiswick.
Ealing	187,000	2,330	128	2,458	46	3	49	2,376	131	2,507	13·1	0·89	11·7	19·5	1,848	9·9	1·07	10·6	53	21·6	Ealing.
Edmonton	102,600	1,302	44	1,346	29	—	29	1,331	44	1,375	13·1	0·92	12·1	21·1	993	9·7	1·14	11·1	20	14·9	Edmonton.
Enfield	109,700	1,397	41	1,438	23	1	24	1,420	42	1,462	13·1	0·93	12·2	16·4	1,060	9·7	1·07	10·4	28	19·5	Enfield.
Feltham	46,560	756	35	791	14	1	15	770	36	806	17·0	0·97	16·5	18·6	290	6·2	1·41	8·7	16	20·2	Feltham.
Finchley	70,290	911	42	953	21	2	23	932	44	976	13·6	0·91	12·4	23·6	782	11·1	0·92	10·2	11	11·5	Finchley.
Friern Barnet	28,330	338	8	346	10	1	11	348	9	357	12·2	1·03	12·6	30·8	290	10·2	0·98	10·0	13	37·8	Friern Barnet.
Harrow	219,000	2,736	119	2,855	49	4	53	2,785	123	2,908	13·0	0·92	12·0	18·2	1,920	8·8	1·16	10·2	62	21·7	Harrow.
Hayes and Harlington	65,240	950	46	996	23	—	23	973	46	1,019	15·3	0·91	13·9	22·6	459	7·0	1·50	10·5	18	18·1	Hayes and Harlington.
Hendon	156,400	1,895	86	1,981	29	6	35	1,924	92	2,016	12·7	0·91	11·6	17·4	1,598	10·2	1·08	11·0	41	20·7	Hendon.
Heston and Isleworth	105,600	1,177	61	1,238	31	2	33	1,208	63	1,271	11·7	0·96	11·2	26·0	1,067	10·1	1·09	11·0	23	18·6	Heston and Isleworth.
Hornsey	99,140	1,362	69	1,431	25	2	27	1,387	71	1,458	14·4	0·89	12·8	18·5	1,152	11·6	0·92	10·7	25	17·5	Hornsey.
Potters Bar	16,970	222	13	235	4	—	4	226	13	239	13·8	0·91	12·6	16·7	151	8·9	1·10	9·8	5	21·3	Potters Bar.
Ruislip-Northwood	71,220	864	38	902	22	5	27	886	43	929	12·7	0·87	11·0	29·1	533	7·5	1·19	8·9	29	32·2	Ruislip-Northwood.
Southall	55,430	680	26	706	11	—	11	691	26	717	12·7	0·96	12·2	15·3	517	9·3	1·11	10·3	14	19·8	Southall.
Southgate	72,480	757	18	775	19	—	19	776	18	794	10·7	0·97	10·4	23·9	900	12·4	0·85	10·5	9	11·6	Southgate.
Staines	39,910	588	32	620	11	2	13	599	34	633	15·5	0·96	14·9	20·5	362	9·1	1·11	10·1	18	29·0	Staines.
Sunbury	23,820	401	28	429	8	—	8	409	28	437	18·0	0·94	16·9	18·3	223	9·4	1·13	10·6	14	32·6	Sunbury.
Tottenham	125,800	1,589	77	1,666	34	2	36	1,623	79	1,702	13·2	0·93	12·3	21·2	1,415	11·2	1·06	11·9	34	20·4	Tottenham.
Twickenham	106,500	1,260	75	1,335	16	2	18	1,276	77	1,353	12·5	0·94	11·8	13·3	1,191	11·2	0·97	10·9	27	20·2	Twickenham.
Uxbridge	55,320	866	39	905	14	4	18	880	43	923	16·4	0·94	15·4	19·5	459	8·3	1·20	10·0	19	21·0	Uxbridge.
Wembley	130,100	1,469	52	1,521	27	—	27	1,496	52	1,548	11·7	0·92	10·8	17·4	1,204	9·3	1·16	10·8	38	25·0	Wembley.
Willesden	180,400	2,407	204	2,611	58	8	66	2,465	212	2,677	14·5	0·89	12·9	24·7	1,863	10·3	1·09	11·2	61	23·4	Willesden.
Wood Green	52,080	621	33	654	11	1	12	632	34	666	12·6	0·93	11·7	18·0	602	11·6	0·95	11·0	14	21·4	Wood Green.
Yiewsley and West Drayton ...	21,950	384	20	404	3	—	3	387	20	407	18·4	0·93	17·1	7·4	180	8·2	1·27	10·4	10	24·8	Yiewsley and West Drayton.
The County	2,270,000	28,980	1,438	30,418	571	48	619	29,551	1,486	31,037	13·4	0·92	12·3	19·9	22,479	9·9	1·07	10·6	635	20·9	The County.

* The birth rate is calculated on the total population of the area. Clearly a population with a high proportion of women of child bearing age can be expected to have a higher birth rate than one with a lower proportion of such women even though the fertility rates of women (of the same age) were the same in both populations. Similarly a population with a high proportion of old people can be expected to have a higher death rate than one with a lower proportion of such persons.

The Comparability Factors are a means of getting over these difficulties for purposes of comparison ; the adjusted rates, though useful, are fictitious.

Table 5.

Causes of Death at Different Periods of Life in the Administrative County of Middlesex, 1952.

Causes of Death.	All Ages.	0—	1—	5—	15—	25—	45—	65—	75—
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Tuberculosis—respiratory ...	386	—	1	1	21	127	153	62	21
2. Tuberculosis—other... ...	51	—	1	—	7	15	12	10	6
3. Syphilitic disease	77	—	—	—	—	5	37	22	13
4. Diphtheria	1	—	1	—	—	—	—	—	—
5. Whooping cough	5	4	1	—	—	—	—	—	—
6. Meningococcal infections ...	11	4	3	—	1	1	1	1	—
7. Acute poliomyelitis ...	18	—	2	2	4	7	3	—	—
8. Measles	2	1	—	1	—	—	—	—	—
9. Other infective and parasitic diseases	50	3	4	3	4	3	15	10	8
10. Malignant neoplasm—stomach	590	—	—	—	1	26	200	197	166
11. Malignant neoplasm—lung, bronchus	907	—	—	—	2	43	511	255	96
12. Malignant neoplasm—breast	464	—	—	—	—	32	228	113	91
13. Malignant neoplasm—uterus	195	—	—	—	—	17	97	46	35
14. Other malignant and lymphatic neoplasms ...	2,186	2	9	7	14	149	717	633	655
15. Leukaemia aleukaemic ...	102	—	6	6	5	11	38	24	12
16. Diabetes	120	—	—	—	—	7	27	33	53
17. Vascular lesions of nervous system	2,869	2	—	2	6	59	534	837	1,429
18. Coronary disease angina ...	3,098	—	—	—	1	82	941	1,069	1,005
19. Hypertension with heart disease	622	—	—	—	—	4	112	180	326
20. Other heart disease	3,022	—	1	2	4	81	351	597	1,986
21. Other circulatory disease ...	1,140	—	—	1	2	23	207	309	598
22. Influenza	77	1	1	—	3	3	12	13	44
23. Pneumonia	1,037	76	12	7	5	32	165	227	513
24. Bronchitis	1,543	10	10	3	—	16	351	473	680
25. Other diseases of the respiratory system	186	4	2	6	1	14	53	43	63
26. Ulcer of stomach and duodenum	297	1	—	—	2	17	83	100	94
27. Gastritis, enteritis and diarrhoea	105	15	—	—	2	16	24	19	29
28. Nephritis and nephrosis ...	225	—	2	5	15	22	71	48	62
29. Hyperplasia of prostate ...	166	—	—	—	—	—	13	52	101
30. Pregnancy, childbirth, abortion	17	—	—	—	2	15	—	—	—
31. Congenital malformations ...	204	129	16	7	8	17	20	4	3
32. Other defined and ill defined diseases	1,815	359	22	27	33	134	399	365	476
33. Motor vehicle accidents ...	199	1	3	18	25	45	40	29	38
34. All other accidents	502	23	13	15	47	72	91	57	184
35. Suicide	181	—	—	—	6	47	83	34	11
36. Homicide and operations of war	9	—	—	—	2	3	3	1	—
All causes... ...	22,479	635	110	113	223	1,145	5,592	5,863	8,798
Proportionate age group mortality	100	2·8	0·5	0·5	1·0	5·1	24·9	26·1	39·1

Table 6.

Infant Mortality.

Year.	Middlesex.		London.	England and Wales.
	Live births.	Deaths under one year.	Rate per 1,000 live births.	
(1)	(2)	(3)	(4)	(5)	(6)
1939	31,508	1,362	43·2	48	50
1940	28,873	1,448	50·2	50	55
1941	25,512	1,327	52·0	68	59
1942	33,150	1,558	47·0	60	49
1943	35,339	1,536	43·5	58	49
1944	36,380	1,327	36·5	61	46
1945	33,398	1,296	38·8	53	46
1946	42,108	1,246	29·6	41	43
1947	43,955	1,386	31·5	37	41
1948	36,561	961	26·3	31	34
1949	33,833	818	24·2	29	32
1950	31,524	690	21·9	26	30
1951	30,469	719	23·6	25	30
1952	30,418	635	20·9	24	28

Table 7.

Maternal Mortality.

Mortality per 1,000 Total (Live and Still) Births. Maternal Mortality Not due to Abortion.

Year.	Infection during childbirth and the puerperium.		Other accidents and diseases of pregnancy and parturition.		All causes excluding abortion.	
	Middlesex.	England and Wales.	Middlesex.	England and Wales.	Middlesex.	England and Wales.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1942	0·29	0·42	1·35	1·60	1·64	2·02
1943	0·44	0·39	1·24	1·44	1·68	1·83
1944	0·11	0·28	0·80	1·24	0·91	1·52
1945	0·09	0·24	0·64	1·23	0·73	1·47
1946	0·16	0·18	0·95	1·06	1·11	1·24
1947	0·18	0·16	0·81	0·86	0·99	1·02
1948	0·08	0·13	0·67	0·74	0·75	0·87
1949	0·12	0·11	0·67	0·71	0·79	0·82
1950	0·16	0·03	0·51	0·69	0·67	0·72
1951	0·03	0·10	0·35	0·55	0·39	0·65
1952	0·16	0·30	0·23	0·29	0·39	0·59

TABLE 8

INCIDENCE OF SICKNESS IN MIDDLESEX BASED ON FIRST APPLICATIONS FOR SICKNESS BENEFIT RECEIVED BY THE MINISTRY OF NATIONAL INSURANCE

Quarter Ending with the last Thursday in	First Applications for Sickness Benefit.	
	1951.	1952.
March	154,248	107,655
June	66,914	69,520
September	54,265	53,538
December	79,582	94,540
Total for Year	355,009	325,253 (*a*)
Number of Applications for Sickness Benefit which might reasonably be expected during 13 weeks of a normal winter Period	81,700	81,588

(*a*) 53 weeks.

TABLE 9.

CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES, 1952.

Boroughs and Urban Districts.	Scarlet fever.	Whooping cough.	Acute poliomyelitis.	Acute polio-encephalitis.	Measles.	Diphtheria.	Acute pneumonia.	Dysentery.	Smallpox.	Acute encephalitis lethargica.	Enteric fever.	Paratyphoid fever.	Erysipelas.	Meningococcal infection.	Puerperal pyrexia.	Ophthalmia neonatorum.	Food poisoning.	Other notifiable diseases.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Acton (Borough)	168	66	3	1	609	1	33	7	—	—	2	—	3	1	8	—	18	—
Brentford and Chiswick (Borough)	124	28	9	—	403	—	13	14	—	—	—	2	14	1	35	—	3	—
Ealing (Borough)	399	77	21	2	993	—	128	96	—	—	—	2	26	—	70	—	8	1(M)
Edmonton (Borough)	318	165	16	—	1,036	—	35	176	—	—	—	10	20	2	111	19	5	1(M)
Enfield	344	246	16	—	1,491	—	37	181	—	—	—	2	25	4	48	1	10	—
Feltham	26	48	1	—	392	—	15	9	—	—	1	—	1	2	—	—	4	—
Finchley (Borough)	93	273	3	—	577	—	48	17	—	—	—	1	6	2	44	—	2	1(M)
Friern Barnet	26	65	1	—	195	—	10	19	—	—	1	—	3	—	—	—	4	—
Harrow	236	424	18	—	1,417	—	96	12	—	—	—	5	29	5	8	—	4	1(M)
Hayes and Harlington	144	143	14	—	680	—	79	24	—	—	—	1	2	4	16	3	4	—
Hendon (Borough)	216	508	18	—	867	—	114	28	—	—	5	—	23	9	138	30	9	—
Heston and Isleworth (Borough)	161	86	3	—	1,027	—	58	28	—	—	—	7	19	5	53	2	53	1(M) 1(UD)
Hornsey (Borough)	173	138	2	—	835	—	74	26	—	—	1	2	20	1	12	—	10	—
Potters Bar	17	21	1	1	164	—	9	—	—	—	—	—	1	1	2	—	1	—
Ruislip-Northwood	136	63	21	1	621	—	91	2	—	—	—	—	26	2	7	—	2	3(M)
Southall (Borough)	104	59	8	—	528	—	62	30	—	—	—	—	15	1	7	—	27	2(M)
Southgate (Borough)	184	39	4	—	353	—	23	17	—	—	—	—	8	1	3	—	5	—
Staines	46	48	3	1	285	—	5	20	—	—	—	1	1	1	1	—	—	—
Sunbury	29	15	—	—	141	—	2	—	—	—	—	—	—	1	—	—	—	—
Tottenham (Borough)	356	139	8	—	1,739	—	81	9	—	—	—	3	12	4	1	—	8	—
Twickenham (Borough)	135	102	15	—	703	—	101	44	—	—	—	—	13	8	16	4	75	—
Uxbridge	82	41	3	—	343	—	49	5	—	—	—	—	41	—	30	—	1	—
Wembley (Borough)	219	113	11	—	1,231	—	88	21	—	—	1	1	18	1	24	—	5	—
Willesden (Borough)	249	328	5	1	1,520	1	113	160	—	—	2	7	26	8	101	3	23	1(M)
Wood Green (Borough)	93	89	3	—	449	—	28	12	—	—	—	—	11	4	—	—	9	—
Yiewsley and West Drayton	32	36	3	—	241	—	31	—	—	—	—	—	—	1	5	—	10	—
THE COUNTY	4,110	3,360	210	7	18,840	2	1,423	957	—	—	13	44	363	69	740	62	300	11(M) 1(UD)

M Malaria. UD Undulent Fever.

TABLE 10

AGE DISTRIBUTION OF NOTIFIED CASES AND OF DEATHS, ACUTE POLIOMYELITIS, 1952.

Number of cases	Age in years.					All ages.
	Under 1.	1—	5—	15—	25 and over.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1952						
First quarter	—	2	2	2	2	8
Second quarter	1	8	6	5	7	27
Third quarter	—	31	36	14	25	106
Fourth quarter	1	21	23	8	16	69
Whole year	2	62	67	29	50	210
Number of deaths ...	—	2	2	4	10	18

TABLE 11.

NUMBER OF NOTIFICATIONS RECEIVED OF PERSONS PRIMARILY VACCINATED OR RE-VACCINATED DURING 1952.

Area.	Age in years.				
	Under 1.	1—4.	5—14.	15 or over.	All ages.
(1)	(2)	(3)	(4)	(5)	(6)
1	596	169	133	415	1,313
2	700	111	138	459	1,408
3	937	103	155	514	1,709
4	1,075	202	170	1,353	2,800
5	883	238	128	666	1,915
6	1,805	276	210	1,203	3,494
7	1,145	243	182	957	2,527
8	1,280	196	148	517	2,141
9	847	112	122	597	1,678
10	1,603	185	174	626	2,588
Airports	—	—	—	166	166
The County ...	10,871	1,835	1,560	7,473	21,739

TABLE 12.

DIPHTHERIA.

Year. (1)	Cases notified. (2)	Fatal cases. (3)	Case rate per 1,000 population. (4)	Death rate per 1,000 population. (5)	Number of children under 15 years immunised during the year (primary plus booster injections). (6)
1939	1,279	59	0·62	0·03	—
1940	929	42	0·48	0·02	—
1941	980	59	0·52	0·03	—
1942	769	53	0·40	0·03	197,796
1943	618	24	0·32	0·01	49,830
1944	266	14	0·14	0·01	23,528
1945	331	19	0·17	0·01	31,326
1946	350	13	0·16	0·006	45,857
1947	129	3	0·06	0·001	48,414
1948	57	5	0·02	0·002	54,721
1949	23	—	0·01	—	49,083
1950	10	2	0·0044	0·00087	40,398
1951	4	—	0·0018	—	52,065
1952	2	1	0·0009	0·00044	49,951

TABLE 13.

NUMBER OF CHILDREN IMMUNISED AND GIVEN REINFORCING INJECTIONS AGAINST DIPHTHERIA DURING 1952.

Area. (1)	Number of children immunised.			Number of children given reinforcing injections. (5)
	Under 5 years. (2)	5–14 years. (3)	Total, aged 0–14 years. (4)	
1	2,182	264	2,446	3,387
2	1,459	341	1,800	5,033
3	2,173	83	2,256	1,273
4	2,267	105	2,372	3,023
5	2,055	112	2,167	723
6	2,666	231	2,897	2,147
7	2,567	144	2,711	3,820
8	2,447	135	2,582	3,274
9	2,105	105	2,210	1,120
10	2,160	138	2,298	2,412
COUNTY	22,081	1,658	23,739	26,212

TABLE 14

NUMBER OF CHILDREN WHO HAD BEEN IMMUNISED AGAINST DIPHTHERIA UP TO 31ST DECEMBER, 1952

Area.	Under 5 years.			5–15 years.		
	Estimated population under 5 years.	Total number protected to date.	Percentage of protected population in this age group.	Estimated population 5–15 years.	Total number protected to date.	Percentage of protected population in this age group.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	15,899	9,158	57·6	30,946	25,636	82·8
2	11,300	6,269	55·5	20,632	18,016	87·3
3	17,027	8,699	51·1	27,679	20,097	72·6
4	15,467	9,804	63·4	28,283	22,885	80·9
5	15,390	7,644	49·7	30,694	25,347	82·6
6	21,926	12,021	54·8	39,858	36,530	91·7
7	18,150	10,832	59·7	32,390	29,923	92·4
8	17,754	9,839	55·4	33,840	24,587	72·7
9	15,296	8,647	56·5	28,150	21,102	75·0
10	16,791	10,003	59·6	31,528	23,652	75·0
COUNTY ...	165,000	92,916	56·3	304,000	247,775	81·5

TABLE 15

SUMMARY OF WORK OF CHEST CLINICS, 1952

(1)	Edmonton. (2)	Finchley. (a) (3)	Willesden. (4)	Ealing. (5)	Hounslow. (6)	Uxbridge. (7)	Tottenham. (8)	Edgware. (9)	Harrow. (10)	The County. (11)
Population in area served (approx.)...	212,300	287,210	261,660	255,190	382,360	269,160	177,880	225,060	199,180	2,270,000
Persons examined for the first time during the year	2,901	4,909	3,305	2,785	4,400	4,525	2,891	7,133	5,846	38,695
Persons seen for the first time found to be tuberculous	251	290	274	255	394	304	207	212	203	2,390
New contacts seen for the first time during the year	921	1,657	977	876	1,331	1,098	903	978	856	9,597
New contacts found to be tuberculous	18	23	24	19	34	21	22	18	28	207
Cases on register at 31st December, 1952...	1,773	2,118	2,485	2,163	2,950	2,451	1,870	1,761	1,778	19,349
Home visits by tuberculosis visitors during 1952	4,104	8,198	6,076	4,834	9,198	6,485	4,011	5,382	3,329	51,617

(*a*) Includes patients attending sub-clinic at Clare Hall Sanatorium, Potters Bar.

TABLE 16

SUMMARY OF THE WORK OF TUBERCULOSIS WELFARE OFFICERS, 1952

	Ealing.	Edgware.	Edmonton.	Finchley.	Harrow.	Hounslow.	Potters Bar.	Tottenham	Uxbridge.	Willesden.	County.
Number of patients dealt with by the Welfare Officer	992	881	1,040	802	675	1,799	23	1,070	885	1,079	9,253
Number of patients who consulted the Welfare Officer regarding employment or training ...	148	170	89	71	99	N.A.	3	97	181	120	978(*a*)
Number for whom employment or training was found	132	101	71	70	77	261	2	82	139	55(*a*)	990(*a*)
Number of individual patients referred to the National Assistance Board for grants for :—											
(*a*) Bedding	27	9	19	16	9	18	2	17	11	14	142
(*b*) Clothing	51	29	26	12	12	73	3	32	18	21	277
(*c*) Extra nourishment	9	4	3	1	3	13	1	12	6	N.A.	62(*a*)
(*d*) Any other purpose	177	145	231	111	77	204	6	239	144	191	1,525
Total individual patients referred to the National Assistance Board...	221	167	254	128	99	279	6	251	173	214(*a*)	1,792(*a*)
Cases recommended for re-housing	132	135	133	79	46	130	6	170	116	155	1,102
Number of families re-housed	29	40	25	7	39	57	3	20	33	26	279
Number of contacts first received into care by the Children's Officer during the year :—											
(*a*) For B.C.G. vaccination only	3	1	5	5	3	—	—	1	2	—	21(*b*)
(*b*) Otherwise than for B.C.G. vaccination only	—	15	6	11	13	15	—	15	16	6	97

N.A.—Not available. (*a*)—Incomplete. (*b*)—Includes 1 case referred by Great Ormond Street Hospital.
The cases shown under Potters Bar were dealt with by the Almoner, Clare Hall Chest Clinic, South Mimms.

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Table 17

New Cases of, and Deaths from Tuberculosis, Notified to Medical Officers of Health during 1951, Classified into Age Groups

Age in years. (1)	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	5	3	—	1	—	—	—	—
1—	41	24	15	11	1	—	—	1
5—	28	27	15	14	1	—	—	—
10—	30	24	7	12				
15—	95	124	7	9	7	14	3	4
20—	132	233	19	15				
25—	280	247	21	29	57	70	8	7
35—	205	141	9	30				
45—	221	73	6	15	125	28	10	2
55–65	134	37	4	11				
Over 65	80	24	7	9	61	22	6	10
All Ages	1,251	957	110	156	252	134	27	24

TABLE 18

NOTIFICATION OF TUBERCULOSIS CASES AND DEATHS, 1923–1952

Year.	Estimated County civilian population (mid-year).	Formal notifications.						Deaths registered.					
		All forms.		Pulmonary.		Non-pulmonary.		All forms.		Pulmonary.		Non-pulmonary.	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1923	1,274,848	1,944	1·52	1,565	1·23	379	·29	1,120	·88	916	·72	204	·16
1924	1,289,320	1,982	1·54	1,635	1·27	347	·27	1,188	·92	986	·76	202	·16
1925	1,302,950	1,982	1·52	1,630	1·25	352	·27	1,097	·84	922	·71	175	·13
1926	1,325,260	2,009	1·52	1,655	1·25	354	·27	1,138	·86	944	·71	194	·15
1927	1,352,040	2,015	1·50	1,621	1·20	394	·30	1,193	·88	1,024	·76	169	·12
1928	1,416,600	1,819	1·28	1,478	1·04	341	·24	1,071	·76	909	·64	162	·12
1929	1,458,810	1,911	1·31	1,606	1·10	305	·21	1,215	·83	1,058	·73	157	·10
1930	1,560,120	2,015	1·29	1.623	1·04	392	·25	1,164	·75	981	·63	183	·12
1931	1,639,300	2,120	1·29	1,749	1·07	371	·22	1,160	·71	989	·60	171	·11
1932	1,702,530	2,108	1·24	1,733	1·02	375	·22	1,144	·67	965	·57	179	·10
1933	1,756,820	2,082	1·19	1,750	1·00	332	·19	1,224	·70	1,046	·60	178	·10
1934	1,810,200	2,098	1·16	1,767	0·98	331	·18	1,266	·70	1,086	·60	180	·10
1935	1,866,800	2,151	1·15	1,826	0·98	325	·17	1,187	·64	1,028	·55	159	·09
1936	1,940,400	2,151	1·11	1,833	0·94	318	·17	1,257	·65	1,096	·56	161	·09
1937	2,014,500	2,312	1·15	1,932	0·96	380	·19	1,177	·58	1,008	·50	169	·08
1938	2,058,300	2,469	1·20	2,048	0·99	421	·21	1,109	·54	932	·45	177	·09
1939	2,056,100	2,313	1·12	1,952	0·95	361	·17	1,174	·57	1,012	·49	162	·08
1940	1,952,100	2,410	1·23	2,043	1·04	367	·19	1,217	·62	1,055	·54	162	·08
1941	1,874,900	2,804	1·49	2,435	1·29	369	·20	1,326	·70	1,154	·61	172	·09
1942	1,929,900	3,081	1·60	2,617	1·36	468	·24	1,204	·62	1,040	·54	164	·08
1943	1,938,000	3,110	1·60	2,675	1·38	435	·22	1,191	·61	1,042	·54	149	·07
1944	1,902,500	2,944	1·54	2,595	1·36	349	·18	1,066	·56	920	·48	146	·08
1945	1,958,000	2,879	1·47	2,504	1·28	375	·19	1,035	·53	900	·46	135	·07
1946	2,178,010	3,018	1·38	2,668	1·22	350	·16	1,039	·48	894	·41	145	·07
1947	2,248,180	3,010	1·34	2,704	1·20	306	·14	962	·43	855	·38	107	·05
1948	2,262,700	3,185	1·41	2,828	1·25	357	·16	907	·40	790	·35	117	·05
1949	2,273,180	3,021	1·33	2,746	1·21	275	·12	852	·38	765	·34	87	·04
1950	2,287,390*	2,776	1·21	2,477	1·08	299	·13	622	·27	567	·25	55	·02
1951	2,268,000*	2,727	1·20	2,416	1·07	311	·14	582	·26	528	·23	54	·02
1952	2,270,000*	2,474	1·09	2,208	0·97	266	·12	437	·19	386	·17	51	·02

All rates are per 1,000 population. * Home population.

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Venereal Disease

TABLE 19

MIDDLESEX PATIENTS TREATED AT HOSPITALS

Number of persons dealt with at clinics for the first time and found to be suffering from	1946.	1947.	1948.	1949.	1950.	1951.	1952.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Syphilis	705	682	533	385	356	279	235
Gonorrhoea	1,116	838	725	539	485	426	490
Other conditions	4,859	4,297	4,400	3,860	3,925	3,029	2,977
Totals	6,680	5,817	5,658	4,784	4,766	3,734	3,702

Health Control of Airports

TABLE 20

WORK CARRIED OUT IN 1952

(1)	London Airport. (2)	Northolt Airport. (3)
Total number of planes arriving	16,198	11,879
Number of passengers :—		
British	219,674	120,292
Aliens	179,585	56,496
Total	399,259	176,788
Number of planes issued with disinsectisation certificates ...	2,801	—
Number of passengers arriving sick and treated	198	66
Number of sick passengers needing ambulance or car arrangements	463	165
Number of vaccinations carried out	159	—
Number of aliens inspected under aliens order	302	267
Number of aliens refused entry on medical certificate	3	—
Number of notifications sent to medical officers of health for surveillance of passengers	171	19

TABLE 21

Place of departure of planes arriving at London Airport.	1st January to 30th June, 1952. Number of		1st July to 31st December, 1952. Number of		Total, 1952.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
From Far East or Persia ...	769	17,100	850	17,594	1,619	34,694
From Middle East or South Africa	431	11,368	525	12,547	956	23,915
From South America, South Atlantic or West Africa ...	291	7,648	351	8,392	642	16,040
From North Atlantic or North America	747	26,696	990	28,890	1,737	55,586
From Continent	5,042	110,572	6,202	158,452	11,244	269,024
Total	7,280	173,384	8,918	225,875	16,198	399,259

TABLE 22

Area in which passengers commenced journey.	Number of passengers, who commenced their journeys from other areas, arriving in aircraft from :—			
	Continent.		North Atlantic.	
	London.	Northolt.	London.	Northolt.
(1)	(2)	(3)	(4)	(5)
Far East or Persia	786	422	860	—
Middle East or South Africa	526	2,395	57	—
South Atlantic, South America or West Africa	227	182	1,867	—
Total	1,539	2,999	2,784	—

Maternal and Child Health

Table 23

Ante-Natal Clinics Provided by County Council

Area.	Number of clinics provided at end of year (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during the year 1952.
			Number of women who attended during the year 1952.	Number of new cases included in column (4) *i.e.* who had not previously attended an ante-natal clinic during current pregnancy.	
(1)	(2)	(3)	(4)	(5)	(6)
1	6	57	1,748	1,464	10,595
2	8	37	1,251	906	6,127
3	9	90	3,507	2,461	17,063
4	7	58	1,875	1,497	9,071
5	15	68	2,654	1,572	9,015
6	12	97	3,485	2,744	15,436
7	12	79	3,699	2,640	16,576
8	13	72	2,086	1,734	9,010
9	8	47	1,780	1,153	7,194
10	13	76	1,841	1,421	8,176
County	103	681	23,926	17,592	108,263

Table 24

Post-Natal Clinics Provided by County Council

Area.	Number of clinics provided at end of year (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during the year 1952.	
			Number of women who attended during the year 1952.	Number of new cases included in column (4) *i.e.* who had not previously attended a post-natal clinic after last confinement.		
(1)	(2)	(3)	(4)		(5)	(6)	
1	1	4	622	(48)	610	(48)	1,444	(48)
2	—	—	411	(411)	395	(395)	476	(476)
3	—	—	1,338	(1,338)	1,333	(1,333)	1,377	(1,377)
4	—	—	277	(277)	252	(252)	282	(282)
5	—	—	234	(234)	234	(234)	234	(234)
6	4	5	666	(385)	586	(377)	716	(398)
7	—	—	196	(196)	193	(193)	217	(217)
8	1	1	340	(293)	266	(228)	367	(317)
9	—	—	161	(161)	157	(157)	171	(171)
10	—	—	423	(423)	378	(378)	453	(453)
County	6	10	4,668	(3,766)	4,404	(3,595)	5,737	(3,973)

The figures in brackets indicate the number of women examined post-natally at ante-natal clinics, and are included in the main post-natal figures.

TABLE 25

INFANT WELFARE CENTRES PROVIDED BY COUNTY COUNCIL

Area	Number of centres provided at the end of year.	Number of welfare sessions held per month at centres in column (2).	Number of children who attended centres in column (2) during the year.	Number of children who first attended the centres during the year 1952, and who on the date of their first attendance were :—		Number of children in attendance at end of year who were then		Total number of attendances made by children included in column (4) during the year.	
				Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Over 1 year of age.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	11	94	7,721	2,278	669	2,127	4,651	40,486	25,211
2	13	110	7,742	1,877	337	1,615	4,932	31,796	22,565
3	9	170	9,735	2,786	253	2,351	6,298	42,463	17,769
4	15	125	9,132	2,452	334	2,199	6,231	42,564	29,882
5	16	128	7,992	2,452	290	2,006	5,397	38,717	15,070
6	12	186	10,024	3,519	760	3,158	6,866	52,828	18,641
7	15	161	10,537	3,027	451	2,692	7,197	48,488	21,462
8	19	162	9,082	2,702	484	2,488	5,813	51,086	24,989
9	9	100	6,740	2,245	290	2,022	4,176	38,193	15,118
10	16	150	8,815	2,770	640	2,880	5,102	47,514	28,680
COUNTY ...	135	1,386	87,220	26,108	4,508	23,538	56,663	434,135	219,387

NOTE.—In addition to the above, the County Council provides a health visitor for one session per week for an infant welfare clinic held at Queen Charlotte's Hospital. 126 Middlesex children attended this clinic during the year; 55 under one on the date of first attendance attended for the first time during the year; at the end of the year 33 under one and 81 over one were in attendance; and during the year 625 attendances were made by children under one and 200 by those over one.

Table 26

Priority Dental Service 1952

Expectant and Nursing Mothers

Area.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anæsthetics.		Fillings.	Scalings or scaling and gum treatment.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	484	444	393	303	936	821	101	242	218	190	84	9	39	69
2	124	120	137	57	546	275	47	64	278	128	114	16	7	31
3	222	211	179	77	468	200	64	40	234	93	84	6	5	14
4	256	227	345	160	1,513	647	179	128	669	66	289	127	42	100
5	249	246	255	179	775	330	41	101	406	92	139	12	30	32
6	796	776	729	407	2,815	987	219	266	1,696	479	425	57	39	99
7	597	588	499	344	1,720	704	502	167	992	314	277	213	22	77
8	393	308	384	313	1.601	586	196	121	859	209	231	48	43	81
9	325	324	322	152	1,241	1,054	90	232	545	100	138	55	81	68
10	363	248	489	309	2,533	1,122	294	182	1,277	331	225	196	109	129
County ...	3,809	3,492	3,732	2,301	14,148	6,726	1,733	1,533	7,174	2,002	2,006	739	417	700

Children under Five Years

Area.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anæsthetics.		Fillings.	Silver nitrate dressings.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	709	658	683	365	1,036	903	9	514	24	1,395	15	—	—	—
2	579	535	601	506	1,270	509	23	231	800	687	257	13	—	—
3	1,014	955	876	663	2,114	879	192	308	1,562	1,165	752	2	—	—
4	608	494	813	435	2,043	903	19	497	1,238	354	388	4	—	—
5	748	722	691	683	1,511	529	9	276	1,175	751	300	2	—	—
6	1,438	1,332	1,402	1,231	3,523	1,521	17	726	2,828	956	584	7	—	—
7	976	920	871	823	1,617	1,163	20	471	897	444	488	8	—	—
8	755	544	652	700	1,889	624	119	291	1,003	763	386	15	—	—
9	805	788	748	503	1,398	1,142	3	566	363	1,519	108	6	—	—
10	697	341	641	416	1,778	1,046	21	501	1,135	500	298	15	—	—
County ...	8,329	7,289	7,978	6,325	18,179	9,219	432	4,381	11,025	8,534	3,576	72	—	—

TABLE 27

CARE OF PREMATURE INFANTS

Area.	Number of premature babies born alive to mothers normally resident in the County, but excluding babies born in maternity homes or hospitals in the National Health Service.		Born at home and nursed entirely at home.			Born at nursing homes and nursed entirely at nursing homes.	
	Born at home.	Born in private nursing homes.	Number born.	Died during first 24 hours.	Survived to end of 28 days.	Died during first 24 hours.	Survived to end of 28 days.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	41	11	40	—	40	1	10
2	20	8	16	—	16	—	8
3	28	6	25	1	23	—	6
4	8	6	5	—	5	1	3
5	23	2	21	—	20	—	2
6	50	—	37	1	36	—	—
7	23	7	20	2	16	1	6
8	55	—	42	1	38	—	—
9	19	1	11	—	11	—	1
10	34	—	22	1	18	—	—
COUNTY... ...	301	41	239	6	223	3	36

TABLE 28

MOTHER AND BABY HOMES

Name and address of home or hostel.	Number of beds.				Average length of stay.	
	Total beds (excluding maternity and labour and cots).	Maternity (excluding labour and isolation).	Labour beds.	Cots.	Ante-natal.	Post-natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
A.—Provided by the County Council.						
"Amherst Lodge," 47, Amherst Road, Ealing, W.13	24	—	—	11	5 weeks	5–6 weeks
"Belle Vue," 167, Willesden Lane, Kilburn, N.W.6	12	—	—	12	—	7 weeks
B.—Provided or used by Voluntary Organisations with which the County Council makes arrangements under Section 22.						
"Maryland," The Downage, Hendon, N.W.4	14	—	—	—	—	5 weeks
"The Heath," 16, The Park, Golders Green, N.W.11 ...	14	—	—	14	4–5 weeks	—

Total number of women admitted during the year to homes and hostels shown above (ignoring re-admissions after confinement) 301

Number of admissions for which the County Council was responsible ... 301

Number of cases sent by the County Council during the year to mother and baby homes other than those mentioned above :—

Expectant mothers 214

Post-natal cases 40

TABLE 29

DAY NURSERIES PROVIDED BY COUNTY COUNCIL AS AT 31ST DECEMBER, 1952

Area.	Number.	Number of approved places.		Number of children on the register at the end of the year.		Average daily attendance during the year.	
		0–2	2–5	0–2	2–5	0–2	2–5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	7	149	264	48	114	62	143
2	2	36	64	10	36	13	57
3	6	112	208	83	153	80	180
4	7	142	208	63	151	66	182
5	4	53	167	40	66	68	108
6	13	300	330	233	320	195	323
7	11	198	423	88	244	96	273
8	10	106	426	60	194	82	286
9	8	153	213	65	161	76	194
10	9	106	324	42	98	34	123
COUNTY ...	77	1,355	2,627	732	1,537	772	1,868

Midwifery

TABLE 30

Number of midwives practising in Middlesex at 31st December, 1952.

Area.	Midwives employed by the County Council.			Midwives employed by voluntary organisations.						Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.			Midwives in private practice (including midwives employed in nursing homes).			Totals.		
				Under arrangements with the Local Health Authority, in pursuance of Section 23 of the National Health Service Act.			Otherwise (including hospitals not transferred to the Minister under the National Health Service Act).											
	Domiciliary midwives.	Midwives in institutions.	Total.	Domiciliary midwives.	Midwives in institutions.	Total.	Domiciliary midwives.	Midwives in institutions.	Total.	Domiciliary midwives.	Midwives in institutions.	Total.	Domiciliary midwives.	Midwives in institutions.	Total.	Domiciliary midwives.	Midwives in institutions.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1	23 (1)	—	23 (1)	—	—	—	—	—	—	—	63	63	1	5	6	24 (1)	68	92 (1)
2	10 (1)	—	10 (1)	—	—	—	—	—	—	—	3	3	—	11	11	10 (1)	14	24 (1)
3	14 (1)	—	14 (1)	—	—	—	—	2	2	3	6	9	—	3	3	17 (1)	11	28 (1)
4	13 (1) [5]	—	13 (1) [5]	—	—	—	1	—	1	—	41	41	4	8	12	18 (1) [5]	49	67 (1) [5]
5	14 (1)	—	14 (1)	—	—	—	—	—	—	—	—	—	—	10	10	14 (1)	10	24 (1)
6	11 (1)	—	11 (1)	2	—	2	—	—	—	—	44	44	1	—	1	14 (1)	44	58 (1)
7	11 (1)	—	11 (1)	—	—	—	—	—	—	—	17	17	1	15	16	12 (1)	32	44 (1)
8	20 (1) [1]	—	20 (1) [1]	—	—	—	—	—	—	—	27	27	4	2	6	24 (1) [1]	29	53 (1) [1]
9	11 (1)	—	11 (1)	—	—	—	—	—	—	5	61	66	3	1	4	19 (1)	62	81 (1)
10	17 (1)	—	17 (1)	—	—	—	—	—	—	—	16	16	—	12	12	17 (1)	28	45 (1)
COUNTY	144 (10) [6]	—	144 (10) [6]	2	—	2	1	2	3	8	278	286	14	67	81	169 (10) [6]	347	516 (10) [6]

The figures in parentheses ( ) show the number of supervisors of home nurses and midwives. The figures in brackets [ ] relate to part-time midwives. All figures in brackets and parentheses are included in main totals.

TABLE 31

Number of maternity cases in the County attended by midwives during the year ended 31st December, 1952.

Area.	Midwives employed by the County Council.						Midwives employed by voluntary organisations.										Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.						Midwives in private practice (including midwives employed in nursing homes).						Totals.					
							Under arrangements with the Local Health Authority, in pursuance of Section 23 of the National Health Service Act.						Otherwise (including hospitals not transferred to the Minister under the National Health Service Act).																					
	Domiciliary cases.		Cases in institutions.		Total.		Domiciliary cases.		Cases in institutions.		Total.		Domiciliary cases.		Cases in institutions.		Total.		Domiciliary cases.		Cases in institutions.		Total.		Domiciliary cases.		Cases in institutions.		Total.		Domiciliary cases.		Cases in institutions.		Total.	
(1)	(2)		(3)		(4)		(5)		(6)		(7)		(8)		(9)		(10)		(11)		(12)		(13)		(14)		(15)		(16)		(17)		(18)		(19)	
	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.
1	644	251	—	—	644	251	—	—	—	—	—	—	—	—	—	—	—	—	3	—	2,580	16	2,583	16	—	—	165	20	165	20	647	251	2,745	36	3,392	287
2	202	196	—	—	202	196	—	—	—	—	—	—	—	—	—	—	—	—	7	—	—	—	7	—	—	10	—	131	—	141	209	206	—	131	209	337
3	496	59	—	—	496	59	—	—	—	—	—	—	—	—	43	—	43	—	19	—	608	12	627	12	—	3	—	11	—	14	515	62	651	23	1,166	85
4	383	136	—	—	383	136	—	—	—	—	—	—	—	6	—	—	—	6	—	—	1,898	336	1,898	336	—	6	—	90	—	96	383	148	1,898	426	2,281	574
5	567	139	—	—	567	139	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	32	125	180	126	212	568	171	125	180	693	351
6	482	107	—	—	482	107	—	72	—	—	—	72	—	—	—	—	—	—	—	—	3,457	—	3,457	—	—	—	—	—	—	—	482	179	3,457	—	3,939	179
7	403	65	—	—	403	65	—	—	—	—	—	—	—	—	—	—	—	—	183	7	1,100	119	1,283	126	—	—	—	288	—	288	586	72	1,100	407	1,686	479
8	710	223	—	—	710	223	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,928	340	1,928	340	11	24	—	26	11	50	721	247	1,928	366	2,649	613
9	324	42	—	—	324	42	—	—	—	—	—	—	—	—	—	—	—	—	102	14	2,626	374	2,728	388	—	—	8	26	8	26	426	56	2,634	400	3,060	456
10	737	244	—	—	737	244	—	—	—	—	—	—	—	—	—	—	—	—	—	—	587	52	587	52	—	—	—	88	—	88	737	244	587	140	1,324	384
Total ...	4,948	1,462	—	—	4,948	1,462	—	72	—	—	—	72	—	6	43	—	43	6	314	21	14,784	1,249	15,098	1,270	12	75	298	860	310	935	5,274	1,636	15,125	2,109	20,399	3,745

1. As midwives.

2. As maternity nurses.

Table 32

Administration of Analgesics

Area.	Number of midwives in practice in the County qualified to administer analgesics in accordance with the requirements of the Central Midwives Board.			Number of sets of apparatus for the administration of analgesics in use by domiciliary midwives employed by the County Council or employed by voluntary organisations in the County.	Number of cases in which analgesics were administered by midwives in domiciliary practice during the year.	
	Domiciliary.	In Institutions.	Total.		Gas and Air.	Pethidine.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	23	45	68	17	661	348
2	9	2	11	10	310	233
3	14	8	22	13	396	164
4	13	42	55	11	467	267
5	13	2	15	15	655	206
6	13	44	57	11	466	223
7	11	31	42	14	554	163
8	20	25	45	19	774	272
9	16	50	66	15	339	158
10	16	22	38	16	798	448
County ...	148	271	419	141	5,420	2,482

TABLE 33

HEALTH VISITING

Area.	Number of health visitors employed at end of year.		Equivalent of whole-time services devoted by health visitors included in columns (2) and (3) to health visiting (all classes including attendance at infant welfare centres.)	Number of visits paid by health visitors included in columns (2) and (3) during the year.									
				Expectant mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.		Other classes.		All classes.	
	Whole-time on health visiting.	Part-time on health visiting.		First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	—	19 (2)	14·9	690	992	2,786	12,321	237	18,007	731	3,826	4,444	35,146
2	—	22 (2)	13·4	576	1,503	2,083	11,989	150	20,166	526	2,834	3,335	36,492
3	—	31 (2)	22·0	2,077	3,332	3,204	15,241	15	20,804	3,102	7,427	8,398	46,804
4	—	27 (2)	14·3	649	1,074	2,745	11,117	160	17,078	421	2,461	3,975	31,730
5	—	16 (2)	12·4	911	1,210	3,051	9,382	706	14,109	1,412	1,598	6,080	26,299
6	—	35 (3)	23·2	2,244	4,008	4,151	17,760	990	23,297	4,940	7,011	12,325	52,076
7	—	24 (2)	17·3	926	1,336	3,370	14,423	138	23,721	1,065	2,177	5,499	41,657
8	—	26 (2)	19·8	1,529	2,722	3,410	14,415	230	18,882	741	3,631	5,910	39,650
9	—	24 (2)	17·6	843	1,371	2,654	13,981	239	24,262	597	2,122	4,333	41,736
10	—	28 (2)	18·5	754	1,222	3,507	15,185	227	22,096	295	3,830	4,783	42,333
COUNTY ...	—	252 (21)	173·4	11,199	18,770	30,961	135,814	3,092	202,422	13,830	36,917	59,082	393,923

Figures in parentheses relate to superintendents and deputy superintendents included in the total.

TABLE 34

HOME NURSING

Areas.	Number of home nurses employed at 31st December, 1952.		Equivalent of whole-time services devoted by home nurses included in columns (2) and (3) to home nursing.	Number of visits paid by home nurses during the year.	Number of cases attended by home nurses during the year.
	Whole-time on home nursing.	Part-time on home nursing.			
(1)	(2)	(3)	(4)	(5)	(6)
1	24 (1)	4 (1)	26·1	71,501	3,385
2	23 (1)	7 (1)	26·5	69,759	3,469
3	17 (1)	15 (1)	24·5	77,113	3,187
4	14	21 (1)	26·5	91,693	4,097
5	13	12 (1)	20·0	64,550	3,633
6	10 (1) [29]	6 (1) [5]	12·5 [31·5]	36,566 [107,412]	1,929 [4,919]
7	32 (1)	13 (1)	38·5	111,282	6,519
8	21	10 (1)	25·8	80,625	2,849
9	29 (1)	1 (1)	29·5	77,748	3,355
10	24	6 (1)	26·8	84,491	4,079
Totals ...	207 (6) [29]	95 (10) [5]	256·7 [31·5]	765,328 [107,412]	36,502 [4,919]

The figures in parentheses relate to supervisors and are included in the total.

The figures in brackets [Area 6] relate to home nurses employed by the Willesden District Nursing Association.

TABLE 35

DOMESTIC HELP

Area.	Number of home helps employed at 31st December, 1952.		Number of cases in which domestic help was provided during the year.
	Whole-time.	Part-time.	
(1)	(2)	(3)	(4)
1	12	126	886
2	4	100	984
3	7	116	1,243
4	8	54	1,111
5	10	57	842
6	6	109	1,469
7	9	194	1,419
8	25	134	949
9	29	144	1,313
10	9	115	1,033
COUNTY	119	1,149	11,249

Mental Deficiency

Table 36

Ascertainment

Particulars of cases reported during 1952.	Males.	Females.	Total.
(*a*) Cases at 31st December ascertained to be defectives " subject to be dealt with " :—			
Action taken on reports by :—			
(i) Local education authorities on children :—			
While at school or liable to attend school ...	77	53	130
On leaving special schools	26	28	54
On leaving ordinary schools	4	5	9
(ii) By police or by courts	5	5	10
(iii) Other sources	49	56	105
(*b*) Cases reported but not regarded at 31st December as defectives " subject to be dealt with " on any ground	11	10	21
(*c*) Cases reported but not confirmed as defectives by 31st December and thus excluded from (*a*) or (*b*)	19	13	32
Total number of cases reported during the year ...	191	170	361

Table 37

Disposal of Cases Reported During 1952

Disposal of cases	Males.	Females.	Total.
(*a*) Of the cases ascertained to be defectives " subject to be dealt with " number :—			
(i) Placed under statutory supervision	152	131	283
(ii) Placed under guardianship	—	2	2
(iii) Taken to " places of safety "	—	2	2
(iv) Admitted to institutions	9	12	21
(*b*) Of the cases not ascertained to be defectives " subject to be dealt with " number :—			
(i) Placed under voluntary supervision	2	—	2
(ii) Action unnecessary	9	10	19
Total	172	157	329

TABLE 38

Particulars of Mental Defectives on registers at 1st January, 1953

Mental Defectives	Males.	Females.	Total.
(*a*) Number of ascertained mental defectives found to be "subject to be dealt with" :—			
(i) Under statutory supervision :—			
Under 16 years of age	419	303	722
Age 16 years and over	640	572	1,212
(ii) Under guardianship :—			
Under 16 years of age	14	12	26
Age 16 years and over	193	233	426
(iii) In places of safety :—			
Under 16 years of age	6	5	11
Age 16 years and over	3	3	6
(iv) In institutions :—			
Under 16 years of age	195	135	330
Age 16 years and over	1,105	1,076	2,181
(*b*) Number of cases not ascertained to be defectives "subject to be dealt with," under voluntary supervision :—			
Under 16 years of age	3	4	7
Age 16 years and over	343	438	781
Total	2,921	2,781	5,702

TABLE 39

Guardianship

Cases admitted to guardianship orders :—	
By petition	6
By Order of the Court	—
Total	6
Cases transferred :—	
From one guardian to another	19
From guardianship to institution	27
Total	46
Cases discharged from guardianship orders :—	
By operation of law	3
By authority of the Board of Control	7
By authority of the Middlesex Visitors	1
Total	11
Leaves of absence granted	66
Orders reconsidered and confirmed	70
Cases transferred to Lunacy Act	—
Deaths	4

TABLE 40

Institutional Care

Cases admitted to institutions during 1952	151*
Cases in institutions on 31st December, 1952	2,511
Detention orders obtained (Section 6)	96
Cases detained by court order (Section 8)	13
Cases detained by Home Office order (Section 9)	5
Cases admitted under Section 3 orders	10
Cases admitted to approved homes	3
Cases admitted to places of safety	60
Cases discharged from orders	44
Cases discharged from places of safety	22
Cases transferred from one institution to another	31
Cases transferred from one place of safety to another	1
Cases discharged from Lunacy Acts	2
Holiday leaves of absence granted	516
Revisions of detention orders (home conditions reports)	558
Cases on licence as at 1st January, 1953	89
Deaths	40
Cases admitted to regional hospital board institutions under para. 4 Ministry of Health Circular 5/52	38

* Includes 27 cases transferred from guardianship to institution. (*See* table 39.)

TABLE 41

Lunacy and Mental Treatment Acts

Visits made by mental welfare officers (duly authorised) for all areas	12,483
Admissions to designated hospitals by mental welfare officers (duly authorised)	2,094
Number of patients certified under the Lunacy Acts	1,235
Admissions to mental hospital by mental welfare officers (duly authorised) under temporary certification	149
Admissions of voluntary patients to mental hospitals assisted by mental welfare officers (duly authorised)	991

Ambulance Service

Table 42

Analysis of How Patients were Carried.

By Directly Provided Services.		
(i) Accident and emergency calls	27,145	
(ii) Other removals	586,710	
		613,855
By Supplementary Services.		
(i) British Red Cross—Home Ambulance and Civilian Invalid Transport	6,181	
(ii) Hospital car service	157,264	
(iii) St. John Ambulance Brigade	—	
(iv) Railways	498	
(v) Hired cars and coaches	12,968	
(vi) Mental cases transported by mental welfare officers	1,527	
(vii) Other Ambulance Authorities	58	
		178,496
Mileage Analysis		
(i) By County Service vehicles	3,421,510	
(ii) British Red Cross Home Ambulance, Civilian Invalid Transport; St. John Ambulance Brigade and other Ambulance Authorities	53,305	
(iii) Hospital car service	1,405,068	
(iv) Hired vehicles	156,102	
(v) Mental cases transported by Mental Welfare officers	37,531	
		5,073,516

Cost of Supplementary Services

	£	s.	d.
Hospital Car Service	37,639	11	10
Hired Cars and Coaches	10,744	1	1
British Red Cross Society—Home Ambulance, Civilian Invalid Transport	2,175	4	2
St. John Ambulance	—		
Other Authorities	162	0	3
Railways	784	4	9
	51,505	2	1

Establishment of Driver-Attendants

Approved establishment of driver-attendants on 1st January, 1952	535
Actual strength on 1st January, 1952	513
Deficiency of	22
Approved establishment of driver-attendants on 31st December, 1952 ...	588
Actual strength position on 31st December, 1952	565
Deficiency of	23

MODIFICATION TO THE PROPOSALS (APPROVED BY THE MINISTER ON 21st JUNE, 1948) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 22 OF THE NATIONAL HEALTH SERVICE ACT, 1946

Part III

Day Nurseries.

Delete paragraph.
Substitute the following.

Day Nurseries

That there shall continue to be a Day Nursery Service based on the following principles:—

(A) *Children under 2 years of age.*

That, as a general rule, children under 2 years of age shall not be admitted save in exceptional circumstances, namely:—

(*a*) where mothers are unsupported (for example, unmarried, widowed, divorced or separated) and must necessarily go out to work to provide support for themselves and their children and where the mothers are anxious to keep their babies with them but cannot do so without some provision for the babies' care during the day;

(*b*) where the home conditions are in themselves unsatisfactory from the health point of view;

(*c*) where mothers are incapable for some good reason of undertaking the full care of their children.

(B) *Children from 2–5 years of age.*

(*a*) Children from 2–5 years of age will be accepted provided:—

(i) that their mothers are unsupported (for example, unmarried, widowed, divorced or separated) and must necessarily go out to work to provide support for themselves and their children and are anxious to keep their babies with them but cannot do so without some provision for the babies' care during the day; or

(ii) that the home conditions are in themselves unsatisfactory from the health point of view.

(*b*) Other cases of children from 2–5 years of age will be accepted subject to accommodation being available after cases coming within categories (B) (*a*) (i) and (ii) foregoing have been dealt with. Such cases will only be admitted after consideration of the circumstances. Special consideration will be given to cases in which the combined income is low.

(*c*) In addition to the requirements in (B) (*a*) and (*b*) foregoing the following considerations must also be fulfilled, so far as they are not incompatible:—

(i) That there are no other satisfactory means of caring for the child.

(ii) That it will not be detrimental to the health of the child to be admitted.

(iii) That the placing of the child is necessary to assist in its support.

(iv) That any mother desirous of placing her child in a nursery by reason of her employment, must engage in employment for at least 30 hours per week.

(C) In addition arrangements will be made by administrative rules for admission of cases in which there are special circumstances not covered by (A) and (B) (*a*) above.

MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER OF HEALTH ON 1st JUNE, 1948) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 26 OF THE NATIONAL HEALTH SERVICE ACT, 1946

PART II—Smallpox, paragraph A. Infant Vaccination

Delete sub-paragraph (*a*) (ii) and *substitute* :—

(ii) Facilities will also be made available at County Council Clinics for infant vaccination by medical officers.

MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER OF HEALTH ON 29th MAY, 1948) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946

(A) *Add* the following paragraph to Part II, Section C—Mental Health :—

(*d*) The County Council will set up and directly administer Therapeutic Social Clubs for incipient mental cases and for those discharged from mental hospitals who are in need of after-care and, as an interim measure pending the setting up of such clubs, will consider making contributions based on patient attendance to suitable Voluntary Organisations providing Therapeutic Social Clubs or Rehabilitative Occupational Therapy Centres for such Middlesex patients.

(B) Supplement to existing proposals :—

The County Council will where the family is unable to cope with the situation for financial or other sufficient reasons provide such facilities as are found necessary for the short-term care of mental defectives in cases of urgency such as illness of a member of family, the mother being in urgent need of a holiday.

(C 5957)C E3

HEALTH AREA NO. 3

The following extracts from the annual report of the Area Medical Officer, Dr. G. Hamilton Hogben to his local area committee, illustrate the range of the health services whose day to day administration is undertaken by area committees under the arrangements made by the County Council.

Care of Mothers and Young Children (Section 22)

Care of the Expectant Mother.

The well-being of the expectant mother from early pregnancy until confinement is the aim of all in attendance at ante-natal clinics. In this we have the co-operation locally of general medical practitioners, regional hospital obstetric consultants, almoners and others concerned in this service and who recommend mothers to attend local clinics to save time and unnecessary travelling. Abnormal cases are few in number and are referred to hospital for treatment.

Where necessary appointments can be made for X-ray and dental care and an ambulance booked to convey a mother between clinic and home.

The card report system, which was extended to Clapton Mothers' Hospital last year has operated successfully. Arrangements for domiciliary confinement or the reservation of a hospital bed are made for the mother at each local clinic. The services of a home help are available if required for all domiciliary confinements and temporary nursery accommodation can be provided for pre-school children in certain cases.

In Hornsey, where the majority of hospital cases are booked for the Alexandra Maternity Home, there is a useful link in that two part-time ante-natal clinicians are also medical officers to the Home and general practitioners in the town.

The Health Visitor in attendance at the clinic discusses arrangements with each mother and makes known to her the various services which are available to her during her pregnancy, confinement and puerperium.

The maintenance of all these aids does much to prevent unnecessary worry and ill-health at a time when the mother is in most need of relief and support.

Blood Tests.

All expectant mothers attending ante-natal clinics have specimens of blood taken for Wassermann reaction, blood grouping and determination of Rhesus factor. At some clinics patients have their haemoglobin estimated at the first visit and regularly four weeks thereafter whether they are hospital or home confinements. The haemoglobin estimation is done by the Sahli method in the clinic by the same health visitors and checks are made on the accuracy of the estimations from time to time by co-operation with the Pathologist of the Post-Graduate Medical School, Ducane Road, W.12. The results have been accurate within 5 per cent. A record is kept of the patients' ability to take iron and the type most easily tolerated.

Relaxation and Mothercraft Classes.

This service is now operating in three Hornsey and three Tottenham clinics, and is much appreciated by expectant mothers. The group teaching is in all cases given by a health visitor whose aim is to dispel fears associated with pregnancy and confinement, and to instruct mothers on those matters associated with the well-being of themselves, normal childbirth and the preparation for the care of their children.

The classes are kept as informal as possible and time is allowed for questions and answers as well as for a cup of tea. Many mothers return post-natally for exercises and to consult the health visitor.

Notification of Births—Home and Institutional Confinements.

More than 80 per cent. of the births which occurred last year were in hospital and nursing homes. The number of home confinements has dropped steadily since the peak birth rate year of 1947. It is interesting to note that this drop continued over the last three years even though the number of births has remained fairly steady.

It would appear that while the hospitals are able to provide a sufficient number of beds for maternity cases, mothers are being discouraged from having their babies at home, especially as it is less expensive for them to go into hospital. Because of the lack of discrimination in favour of admission to hospital on purely obstetric or social grounds difficulty sometimes arises in finding a bed in an emergency, as all hospital accommodation has been taken up.

The number of institutional confinements in Hornsey is undoubtedly increased by the existence in that borough of the Alexandra Maternity Home which accommodates over 600 Hornsey births each year. In Tottenham, on the other hand, there is evidence that hospital accommodation is more limited and is always taken up. The Tottenham patients make use largely of the North Middlesex Hospital and the Mothers' Hospital, Clapton. These, together with the Alexandra Maternity Home, take nearly two-thirds of the institutional births of the area, and with all of them there is close co-operation. The majority of the remainder of the institutional confinements take place in hospitals in Central London, although some 47 mothers were last year confined at private or voluntary assisted nursing homes in Hornsey.

The trend to hospital confinements is a National one and the Minister of Health issued a circular on the subject in August, 1951, stating that though it was not possible to lay down a proportion of births for which hospital or maternity home beds should be provided, in general, hospital provision is required on medical or social grounds for about half the confinements. In this area well over half of the confinements are in institutions but at the same time some of the 17 per cent. of home confinements should have been in hospitals and closer co-operation than already exists is needed to ensure that the right patients are admitted to maternity beds.

Ante-Natal Clinics.

The average attendance at ante-natal clinics continues to decline, but has not yet reached the stage where any curtailment in the number of sessions held is desirable.

Midwives Clinics.

Domiciliary midwives assist at all but two of the ante-natal clinics. An attempt is made to ensure that this work is done by the midwife who is likely to deliver the patient in each case. In four centres separate midwives clinics are held.

Post-natal Care.

An appointment is made for each mother to attend for a post-natal examination at the clinic which she attended as an expectant mother, approximately six weeks after the confinement. Here she is seen by the doctor who undertook her ante-natal care and who knows her and any special features connected with the case. The hospital's or midwife's report on the confinement is held in readiness for this examination so that the examining doctor knows all the facts connected with the case.

Each mother is encouraged to keep this appointment so that any defects which may have resulted from her confinement are detected and treated at once so as to avoid future disability.

Care of Premature Infants.

There is an agreement with the North Middlesex Hospital for the admission of any woman in premature labour, to avoid delivery at home and later transfer to hospital. The hospital will admit the case on a midwife's or doctor's request, and this applies also to the need to transfer a premature child born at home.

Premature Babies Delivered at Home.

The case is graded according to the baby's requirements. More frequent visits, by a special nurse, if necessary, are arranged and special clothing and hot water bottles are loaned out. Special cots are not provided. Supervision of the infant is continued for as long as required, and arrangements made for a supply of breast milk (when available).

Infant Welfare Centres.

In nine centres doctors and health visitors with special qualifications in child health attend to give advice to mothers of healthy infants on normal development and progress. Regular weighing and physical examination brings to light the smallest deviations from normal growth and well-being, and these deviations are investigated with the mother so that they can be remedied.

In the early months of life advice on feeding is frequently sought, particularly for infants who are artificially fed and those who have reached the weaning age.

This service does much to ensure the growth of a healthy child and is a means of educating mothers on the proper care of their children.

Sessions are also held at which the health visitor alone is in attendance and where time can be given to test-feeding, &c.

These clinics have a vital part in promoting child health. Attendances have been well maintained during the year and the first attendances of children under one year of age represent 87 *per cent. of the notified live births.* All children, especially new babies, are followed-up by health visitors home visits.

The inter-relationship of infant welfare clinics and home visiting are obvious as is also the fact that with the present staff of health visitors it would be impossible to supervise the health of so many children by visiting only.

Toddlers Clinics.

Toddlers clinics are now held at all nine centres. This is an increase of one over 1951.

Appointments are made for a six-monthly or more frequent medical overhaul for those children who do not receive medical examination at other clinics or at day nurseries, nursery schools or classes.

Appointments are welcomed by parents. The purpose of these examinations is to detect and correct mental or physical defects and maintain the good health of children in the 2–5 years age group so that they are in good condition before attendance at school.

Child Life Protection.

The Area Children's Officer and his staff are responsible for adoption arrangements and the care of children deprived of a normal home life, but there are border-line cases of child neglect which are watched carefully by health visitors in the normal course of the supervision of child health and well-being. This usually acts as a deterrent, but if necessary the health visitor warns careless or neglectful mothers of the consequences of their behaviour. Only a few of these cases deteriorate and those and any doubtful cases are reported to the Area Children's Officer or the N.S.P.C.C.

Daily Guardian Scheme.

This scheme, by which working and other special categories of mothers are assisted in finding suitable daily minders for their children, operates exceedingly well. In spite of a certain wastage in daily guardians, the number of women who offer their services considerably exceeds the present demand. At the end of 1952 there were 161 daily guardians on the register, of whom 76 were minding 88 children. The number of individual children minded during the year was 148 and they were in the care of guardians for 18,876 days. These figures compare with 129 and 15,710 respectively for 1951. Health Visitors undertake to approve guardians for registration and are responsible for vigilance in seeing that the scheme's safeguards are carried out.

Day Nurseries.

The County Council's new policy in the admission of children to day nurseries and the charges for admission, which came into operation on the 1st December, had the effect of drastically reducing the numbers on the registers and the daily attendances by the end of the year.

Midwifery Service (Section 23)

During 1952 one of the domiciliary midwives retired and another retired at the beginning of 1953. A third midwife has submitted her resignation and will have left the County Council's service by the end of February, 1953, so that the number of midwives employed has fallen from 15 to 12 in less than a year. It has not been considered necessary to replace them as the decline in the number of home confinements, to which reference was made in my annual report for 1951, has continued.

Supervision of Midwives.

Inspections of registers of births, equipment and drug books are carried out at six-monthly intervals. Once yearly a visit is made to the midwife's home by the senior assistant medical officer and routine inspection carried out. Supervision of practical work is carried out at six-monthly intervals, and the non-medical supervisor attends at any confinement where the midwife becomes anxious or is out over a period of many hours. A weekly meeting of domiciliary midwives is held for the purpose of general discussion of cases, problems connected with the work and matters of interest connected with midwifery. In addition, the non-medical supervisor is in touch with each midwife daily, either personally or by telephone.

Co-operation with General Practitioners.

New general practitioners are visited by the midwife working in his area, or by the non-medical supervisor, and his wishes regarding care of ante-natal patients ascertained. The degree of care of practitioners' cases by the midwife is based on the individual requirements of each doctor.

In Hornsey most of the practitioners' cases attend the local authority clinics. This is also done in Tottenham but to a lesser degree.

Relations between doctors and midwives in this area are extremely cordial.

Health Visiting (Section 24)

Each health visitor is attached to a maternity and child welfare centre in the area which is near to the district which she covers for home visiting. By this means each mother associates the health visitor with the ante-natal, infant welfare, school health and other special clinics which are held in the centre near to her home. This arrangement makes for accessibility, ease of approach and confidence in continuity on both sides when visiting, advice or assistance are required.

Apart from home visiting and clinic duties health visitors have been engaged on completing questionnaires for special investigations for such bodies as the Ministry of Health, the Medical Research Council, the National Birthday Trust and the Institute of Child Health, and have provided other reports for no less than 22 different hospitals in or near the London area.

Health visiting in schools also takes up a proportion of each health visitor's time. This include attendance at routine hygiene examinations and medical inspections. Requests for health education in schools are increasing and during the year no less than 73 talks were given by health visitors to classes of school leavers at secondary modern schools in the area. Health talks were also given to outside bodies such as Young Wives Clubs, Wesley Guilds, the Women's Branch of the British Legion and the Girls' Life Brigade.

Clinic nurses have undertaken some of the routine work in clinics and schools to give health visitors time for their more essential duties.

Co-operation of General Medical Practitioners.

One factor which must influence the working of the local health service is the growing co-operation between the family doctor and health visitor. This is developing in the following ways. Health visitors have called upon or contacted general medical practitioners by telephone on such matters as feeding difficulties of babies, illness of mothers, including mental disturbances, illness of aged persons, to discuss departures from normal health of mothers and children of pre-school or school age, to report the illness of a child suspected of neglect.

General medical practitioners have assisted the Health Department by referring expectant mothers to local clinics for additional ante-natal care, by requesting the services of home helps for sick people or for the aged, by referring cases for convalescence, by reporting cases of persons who were not able to care for themselves properly and for whom hospital accommodation was unobtainable, and also for passing on advice or information to the health visitor on those cases in which the health visitor sought the family doctor's advice.

In my opinion this interchange of information and assistance is to be commended as providing a better service for the public and more cordial relations between members of the local health service.

Ministry of Health Food Survey.

This survey was undertaken with the assistance of health visitors in January and about 25 Tottenham mothers took part in it with the field workers of the Ministry.

Virus Infection during Pregnancy.

Health visitors and medical staff are assisting in keeping records of a group of mothers in this and other areas from pregnancy until the child's second birthday. This information is being obtained for the Ministry of Health investigation of virus infections during pregnancy.

Home Nursing (Section 25)

The demands on the home nursing service continued to increase during 1952, and at the end of the year the nursing staff was very nearly up to full establishment. It was not found any easier to recruit resident nurses to live in Bruce Grove Nurses Home, Tottenham and, in fact, by the end of the year the numbers in residence (including the Superintendent) had fallen from 6 to 4.

Co-operation with General Practitioners.

Work from the doctors is received at Bruce Grove Nurses Home or the Area Health Office, and the visits are distributed from those points. Co-operation is good and the doctor is able to make any special point when he requests the services of a nurse. A message sheet is left at the patient's house for the exchange of notes between doctor and nurse.

No service has been arranged for night work, but requests have been very few. The emergency calls for a nurse between the hours of, say, 7 and 10 p.m. are also few and have been met without great difficulty.

Vaccination and Immunisation (Section 26)

Vaccination.

During the year the Minister of Health approved an amendment to the County Council's Proposals as to Vaccination and Immunisation made under the National Health Service Act, to the effect that facilities would be made available at the clinics for infant vaccination by medical officers in addition to the service provided by general practitioners. This scheme has been well received by the mothers, and it is hoped that with its gradual development the percentage of infants vaccinated will steeply rise ; but even more intensive education of parents on the importance of vaccination is required. Vaccination is being carried out on infants, preferably at four months but not over 12 months old.

Immunisation.

As stated in my last annual report the County Council agreed to make available free whooping cough vaccination at all immunisation clinics following the success achieved by the controlled experiments carried out in this and other districts by the Medical Research Council at the request of the Ministry of Health from 1950 to 1952.

The introduction of the new combined diphtheria pertussis vaccine suspension now gives protection against diphtheria and a degree of protection against whooping cough in a total of three injections. This reduced total of injections is very popular with the mothers, and it is anticipated that the percentage of immunised children will show a satisfactory increase during 1953. The series of three injections is commenced at the age of six months wherever possible. The mothers are informed that while a degree of protection against whooping cough will be obtained it is less certain than protection against diphtheria. It is felt that this warning is necessary to prevent immunisation against diphtheria falling into disrepute should the child subsequently develop an attack of whooping cough.

Prevention of Illness, Care and After Care (Section 28)

Recuperative Holiday Homes

During the year area health staffs continued to be responsible, on behalf of the County Health Department, for dealing with applications for admissions to recuperative holiday homes.

Domestic Help Service (Section 29)

The County Council's scheme for the provision of home help in accordance with the rules governing priorities is being operated. There has been falling off in the demand for this service which was sharply accentuated in 1952. There is good liaison with the Old People's Welfare Committees in Tottenham and Hornsey and with the W.V.S. regarding the provision of meals on wheels.

Mental Health Services (Section 51)

During the year the County Council delegated to the Area Committee, for an experimental period of twelve months, certain functions relating to the day-to-day administration of the Hornsey Occupation Centre. It is considered that the arrangement has worked satisfactorily, and it provides a link between the Mental Health Sub-Committee and the Area Committee."

HEALTH AREA No. 6.

Miniature Mass X-Ray

Following an intensive miniature Mass X-ray drive in Willesden during 1952, the area medical officer, Dr. S. Leff, in conjunction with Dr. C. H. C. Toussaint, consultant chest physician at the Willesden Chest Clinic, made a critical evaluation of the value of Mass X-ray as a means of case-finding. They reached the conclusion that it could most effectively be used in the examination of selected groups of persons, rather than in the broadcast X-ray of the general population following intensive propaganda as is largely the case at present.

The following is an extract from an article by Drs. Leff and Toussaint which appeared in the *Medical Officer* :—

" The two units were set up in the two areas, one at a grammar school and the other at a social centre. The first two days were devoted to the examination of school-leavers, teachers and domestic staff, and the rest of the period (seven days one unit and thirteen days the other) was devoted to examination of the public. To achieve a good response, a widespread publicity campaign was undertaken and the local authority contributed £50 towards it, and to encourage people to attend an appointments system was organised.

The following is a brief description of the publicity campaign. Two meetings of local organisations and the press were held and were addressed by the Mayor, the chairman of the public health committee and the medical officer of health. Leaflets, with maps on the back to indicate the siting of the two M.M.R. units, were distributed by local political and religious organisations, the Red Cross and the boy scouts, &c., to every house and shop in the four wards. Leaflets were also placed at booking centres, health offices, clinics, shops, &c. Posters were exhibited on sites and hoardings, and a large number were also displayed in shop windows (the total number was approximately 100). Large advertisements were displayed on six sites in the borough and advertisements also appeared, in each issue for a period of three weeks in the three local newspapers. Display sets were exhibited in shop windows in prominent places, and a set of 12 panels on mass X-ray were on view at the health clinics. Lectures and film shows were given by the area medical officer, clinic doctors and Dr. Toussaint of the Willesden chest clinic at 12 of the secondary modern schools and to 13 local organisations. Talks were also given to mothercraft classes at clinics and parents' evenings at day nurseries. Slides were shown at two of the local cinemas, and all medical practitioners and religious organisations in the borough were informed of the unit's visit. The local press were very co-operative and reported fully the activities of the unit. The Mayor officially opened the two mass X-ray units and was X-rayed, together with the medical officer of health and the editor of a local newspaper. There is no doubt that over a period of about four months a considerable amount of knowledge about tuberculosis was disseminated among the population of Willesden.

There were nine centres for making appointments and they included the public health department, clinics, libraries, the public baths and a retail chemist's shop. The number of appointments made at the shop was particularly good, and the appointments at the centres were generally quite good.

The total number X-rayed was 6,135, including school children, and this represented 83·4 per cent. of the capacity of the units (7,350) ; 1,490 of those X-rayed were school children, and this represented about 75 per cent. of the school population. Better results could probably have been obtained with the school children if fares had been paid for those who were living some distance away from the units. All school children who were X-rayed were also tuberculin-tested, but no accurate comparison can be made with the previous results obtained when Willesden children were examined as part of the national survey in 1949, as methods were somewhat different. As the numbers X-rayed represent only about 10 per cent. of the adult population in the wards, it is quite likely that many of the people who are suffering from suspected tuberculosis did not attend for X-ray.

The results of the X-ray survey were as follows : Of the 4,645 adults X-rayed, 240 were recalled for a large film. Of these 29 showed partially calcified or minimal lesions that could be followed up while the people remained at work, and two (a male aged 70 and a female aged 43) turned out to be sputum positive cases. There were two adult and four child contacts to these cases, but they all proved to be negative for tuberculosis. None of the 1,490 children X-rayed had pulmonary tuberculosis ; one school child had sarcoidosis.

The question might now well be asked ' Was the work necessary or worthwhile ? ' From the publicity point of view of making the population aware of tuberculosis as a problem it was undoubtedly successful, but from the point of view of discovering cases it can hardly be said that the effort was justified. Admittedly, we now have a record of a chest X-ray of many people in the borough, but the finding of only two positive cases is disappointing, particularly as both these cases could have been discovered without X-ray by the sending of a sputum test to the laboratory.

It is obvious that a more effective use of M.M.R. will have to be devised. This probably applies to surveys in other parts of the country as well. It would appear more profitable to direct attention to suspected sections of the community rather than to unselected groups ; for example, persons who are suspected of disease in the lungs, particularly those under the care of their family doctor ; contacts of infectious cases of tuberculosis ; health workers, for instance, nurses and medical students ; people who come in frequent contact with children—teachers, domestic staff in schools and day nurseries, &c. ; all hospital admissions and out-patients ; entrants to the armed forces ; expectant mothers ; and workers whose lungs are subjected to noxious fumes and gases.

The medical officer of health cannot, of course, make arrangements for the examination of these groups ; because of the division in administration, there is indeed no one person who could make suitable arrangements. Nevertheless, the medical officer of health can, in consultation with other authorities, play a large part in achieving these aims. In this area, for instance, a permanent M.M.R. unit has been set up at the Central Middlesex Hospital. Already facilities for chest X-ray have been offered to all in- and out-patients, expectant mothers who are confined at home or in hospital, nurses and medical students, and home contacts of tuberculosis cases. Arrangements are being made to have periodical X-rays of the chest of all members of the health department (health visitors, midwives, day nursery staff, &c.), teachers and domestic workers in schools, and contacts of cases of tuberculosis in factories. By these means it is hoped that with the M.M.R. unit many more early and open cases will be detected.

In addition, this work can be extended by the organised tuberculin-testing of children. It is suggested that all children should be tuberculin-tested at infant welfare clinics at yearly intervals and at the periodical medical inspections at schools. Any child that shows evidence of infection, by a conversion from negative to positive, should be thoroughly investigated, together with its social and family history, to determine the extent and source of the infection. In addition, all school leavers who are tuberculin negative should have a Mantoux test ; if this is negative they should be vaccinated with B.C.G.

While in no way neglecting the need for improved conditions of living we can, by a combination of such measures, discover early cases for immediate treatment and open cases which are spreading the disease. We can thus make a substantial contribution to a reduction in the incidence of tuberculosis."

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